

Cumberland County Board of Education

Travel Report

Name _____ **Position** _____
School _____ **Certified** _____ **Non-certified** _____
Purpose for travel _____ **Month of** _____, 20____
 (Name of Conference/Workshop, etc.)

Date	From (city)	To (city)	Expenses (motel, meals, etc)	Departure Time	Arrival Time	Miles	Cost
					Total		

I certify the above to be a correct statement of mileage and other expenses for the month covered
 by this report

Employee Signature _____
Mailing address _____

Principal's Signature _____

Approved by: _____

Budget Code _____