

DATE: _____

STATEMENT OF TRAVEL for _____
 (Name of person making claim)

IN CONNECTION WITH _____
 (Service performed/conference attended, etc –
 for the Winston County Board of Education)

Date	Travel (from/to)	Miles Traveled	Rate (55.5cents per mile)	Total amount
			55.5	
	Totals			\$
Hotel				
Meals				
Other				
Total				\$

 Signature of Employee

 Signature of Approving Authority

The above is an accurate report of the travel and expense done by me as stated above.
 **Please attach copies of meal tickets, hotel invoice, registration and parking fees if applicable, to this report.
 (Do not turn in receipts for gasoline – driving expenses are .555 per mile)