MILEAGE REIMBURSEMENT FOR LOCAL TRAVEL

SCOTLAND COUNTY SCHOOLS

To be used for regular monthly travel not to exceed 35 miles from regular duty station.							
Name ₋		Bı	udget Cod	e			
School/	Dept			Ver	ndor No		
Include address for home visits							<u> </u>
Date	From			Meter Reading Start End		rpose	Miles
	1					•	
	1						
	1						
I hereby certify that this is a true and accurate statement of expenses incurred in the service of Scotland County Schools and the amounts claimed are just and reasonable.					TOTAL MILES		
					RATE	х	
					AMOUNT	=	
and the a	amounts daimed are ju	st and reasonable.					
				-	This instrument has been pre-audited in the manner required by the School Budget and		
Employee Signature					Fiscal Control Ac		
Approved by Principal/Department Head				-	Finance Officer		 Date
Approved by: Principal/Department Head					Finance Officer		Date