

# Semester Time Travel Report for Local Use

Submit one completed copy to building level administrator at end of semester along with purchase order for reimbursement.

<b>Intra District Mileage</b>			
	D	K	HS/K-8
Damascus Elementary	0	7	3
Knox Elementary	7	0	6
High School/K-8 Complex	3	6	0

Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

Day of Month	Account for Each Day of the Month (Please indicate days not in attendance.)	Program Activities: Persons or Places Visited	Total Mileage

Reimbursement @ \_\_\_\_\_ Per Mile \_\_\_\_\_ Total Mileage for Month: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount Due: \_\_\_\_\_  
 Person Requesting Travel Reimbursement

Approved By: \_\_\_\_\_  
 Administrator