Print Form

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 ___________________________ Budget Code ____________________________

School/Dept___________________________________ Vendor No. ______________________

Date	Include address for home visits		Meter Reading		Purpose	Miles
	From	To	Start	End		

TOTAL MILES	
RATE	x 0.58
AMOUNT	= $0.00

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.

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Employee Signature

____

Approved by: Principal/Department Head

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.

_____________________ ________

Finance Officer Date

revised 01/14/14