HAYWOOD COUNTY SCHOOLS

Local Travel Reimbursement Schedule

Date Submitt	ed	No		
Name:	Department/School:	Pos	sition:	
	ode:			
	t upon availability of funds and subject to policy limitations.			
Day of	Official Trave	Official Travel		Miles
Month	From	То	Purpose of Travel	Traveled
Total Travel Expense miles @ \$0.555 per mile Related Other Expenses (itemize):				
•				
TOTAL TRAVEL	AND OTHER RELATED EXPENSES PAID:			
	CATE: This is a true and accurate statement of expenses	incurred in discharged official busines	SS.	
Claimant				Dot-
Claimant	Date	Approving Official	ı	Date