HAYWOOD COUNTY SCHOOLS

Local Travel Reimbursement Schedule

Date Submitted	1			No	No	
				1.0		
Name:	me: Department/School:		Position:			
	de:					
Approval is contingent u	pon availability of funds and subject to policy lim	itations.				
Day of	Official Travel				Miles	
Month	From		Го	Purpose of Travel	Traveled	
-						
l	Total Travel Expense			miles @ \$0.56 per mile		
Related Other Expens		,		ппез е фо.30 рег ппе		
	ND OTHER RELATED EXPENSES PAID		1 . CC' .' . 1 1'			
PAYEE CERTIFICA	TE: This is a true and accurate statement of	expenses incurred in discha	rgeu official business.			
Claimant	Date		Approving Official		Date	