

HAYWOOD COUNTY SCHOOLS

Local Travel Reimbursement Schedule

Date Submitted _____

No. _____

Name: _____ Department/School: _____ Position: _____

Travel Account Code: _____

Approval is contingent upon availability of funds and subject to policy limitations.

Day of Month	Official Travel		Purpose of Travel	Miles Traveled
	From	To		
Total Travel Expense _____			_____ miles @ \$0.54 per mile	
Related Other Expenses (itemize):				
TOTAL TRAVEL AND OTHER RELATED EXPENSES PAID:				

PAYEE CERTIFICATE: This is a true and accurate statement of expenses incurred in discharged official business.

 Claimant Date Approving Official Date