JEFFERSON COUNTY BOARD OF EDUCATION
STATEMENT OF TRAVEL

EMPLOYEE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PROGRAM: _____

BASE SCHOOL/LOCATION: _____

DATE	POINTS OF TRAVEL	# MILES	PURPOSE/COMMENT
	TOTAL MILEAGE	0.00	

Board Approved Mileage Rate X 0.555

Total Mileage Reimbursement $ 0

Account #: _____

AFFADAVIT: I HEREBY CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF EXPENSES INCURRED BY ME IN THE PERFORMANCE OF OFFICIAL DUTIES FOR THE JEFFERSON COUNTY BOARD OF EDUCATION.

PAYEE:

SIGNATURE (DATE)

APPROVAL:

PRINCIPAL/DIRECTOR

*Note: Commuting mileage between home and base is not reimbursable.