

Date

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Employee Name

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In Connection With

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Service performed/conference attended, etc.  
for the Winston County Board of Education

DATE	Travel (from/to)	Miles Traveled	Rate .54 cents	Total Amount
			x .54	\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
				\$0.000
		<b>Totals</b>	0 x .54	\$0.00
<b>Hotel</b>				
<b>Meals</b>				
<b>Other</b>				
			<b>Total</b>	\$0.00

\_\_\_\_\_  
Signature of Employee

The above is an accurate report of my travel expenses incurred in connection with services performed as stated above.

Please attach copies of meal tickets, hotel invoice, registration and parking fees if applicable, to this report.

(Do not turn in receipts for gasoline - driving expenses are counted per mile.)

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Signature of Approving Authority