

DICKSON COUNTY SCHOOLS
Travel Expense Reimbursement Form

Employee Name:				Date (mmddyy):					
Employee SSN# <small>(last four digits)</small>	###-###	Employee Phone #:			Employee Position:				
Employee Address:			City:			School:			
Homebound Instruction - Student Name:				Reporting Period:			Funding Account No.		
Name of Activity <small>(if applicable)</small>				Date:					

Employee Signature:							Date:		
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(I certify that this claim is true and correct.)

Supervisor's Approval Signature							Date of Approval:		
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Date:	Place Left	Place Arrived	Miles <small>leave zeros in unused cells</small>	Mileage Amt. <small>0.655 per mile eff. (1/23)</small>	Lodging	Breakfast \$13.00	Lunch \$15.00	Dinner \$26.00	Incidentals \$5.00	TOTAL
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TOTALS										