

Dickson County Board of Education

Travel Report

Employee Name:		Date:	
Employee SSN# (last four digits only):	### ##	Employee Phone#:	
Employee Address:		City:	
Employee Position:			
Student Name if Homebound Instruction:		Reporting Period:	
Account #			
Name of Activity <small>(if applicable)</small>		Date	
Employee Signature: <small>(I certify that this claim is true and correct.)</small>			
Supervisor's Approval Signature			Date of Approval

Date:	Place Left	Place Arrived	Miles	Mileage Amt. <small>0.47 per mile (eff. 9/11)</small>	Lodging	Breakfast \$7.00	Lunch \$11.00	Dinner \$23.00	Incidentals \$5.00	TOTAL
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
				\$0.00						\$0.00
TOTALS			0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00