ST. CLAIR COUNTY BOARD OF EDUCATION
TRAVEL REIMBURSEMENT FORM

NAME:_____ **SCHOOL:**_____
(SOCIAL SECURITY NAME)

HOME ADDRESS:_____
CITY ZIP

FUND SOURCE: General Fund
(STATE PROFESSIONAL DEVELOPMENT, SPECIAL ED, TITLE PROGRAMS (SPECIFY), ETC.)

DATE	TRAVEL FROM	TRAVEL TO	PURPOSE OF TRAVEL	# OF MILES
			TOTAL # OF MILES	0

0 **# OF MILES x .555 /MILE=**	$0.00

I HEREBY CERTIFY THAT THE ABOVE IS A CORRECT STATEMENT OF TRAVEL INCURRED BY ME IN THE PERFORMANCE OF OFFICIAL DUTIES FOR THE ST. CLAIR COUNTY BOARD OF EDUCATION.

EMPLOYEE'S SIGNATURE:_____ **DATE:**_____

PRINCIPAL'S SIGNATURE:_____ **DATE:**_____

COORDINATOR'S SIGNATURE:_____ **DATE:**_____

SUPERINTENDENT'S SIGNATURE:_____ **DATE:**_____