LAWRENCE COUNTY EDUCATIONAL SERVICE CENTER

***Inside County** Travel Expense Report

Name _____ Position _____

Period From _____ To _____

Date	Destination	Miles/Expenses

Total miles @ .30[¢] per mile _____

Total expense claimed _____

TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT _____

Note: Outside County Travel Expenses to be reported on separate form.

SIGNATURE _____ **DATE** _____

APPROVED BY _____ **DATE** _____