

LAWRENCE COUNTY EDUCATIONAL SERVICE CENTER

\*Outside County Travel Expense Report

Name \_\_\_\_\_ Position \_\_\_\_\_

Period From \_\_\_\_\_ To \_\_\_\_\_

MONTH	DAY	TRAVEL DESTINATION	PURPOSE OF OUTSIDE TRIP; WHO CONTACTED; ETC.	EXPENSES		
				MILES		

1. Total miles @ .30¢ per mile \_\_\_\_\_

2. Total expense claimed \_\_\_\_\_

TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT \_\_\_\_\_

\*\*Receipts should be attached for expenses other than mileage.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_