## LAWRENCE COUNTY EDUCATIONAL SERVICE CENTER

Travel Expense Report

| Name        | Position   |                |
|-------------|--|----------------|
| Period From | То   |                |
| Date        | Destination  | Miles/Expenses |
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|             |  |                |
|             | Total miles @ \$0.625 per mile  Total expenses claimed | (              |
|             | TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT                 |                |
| SIGNATURE   | DATE _   |                |
| ADDDOVED BY | DATE   |                |