HAYWOOD COUNTY SCHOOLS

Local Travel Reimbursement Schedule

Date Submitted

_____

No. _____

Name: _____ Department/School: _____ Position: _____

Travel Account Code: _____

Approval is contingent upon availability of funds and subject to policy limitations.

Day of Month	Official Travel														Purpose of Travel	Miles Traveled
	From							To								
																0
																0
																0
																0
																0
																0
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																0
																0
																0
																0
																0
Total Travel Expense															0 miles @ $0.535 per mile	$0.00
Related Other Expenses (itemize):																
TOTAL TRAVEL AND OTHER RELATED EXPENSES PAID:																$0.00

PAYEE CERTIFICATE: This is a true and accurate statement of expenses incurred in discharged official business.

_____ _____

Claimant Date Approving Official Date

Rev. 01/25/17