

Caldwell County Schools In-State Travel Report

Vendor #: _____ **Name:** _____ **Location:** _____
(Please print as appears on social security card) (Location number)

Assignment: _____ **Period Covered by this Voucher:** _____
(Ex.: Principal, Teacher, Bus Driver, CNP) (From/To)

Date	From	To	Comments	No. Miles
			Registration (Receipt must be attached)	

Account Code: _____ **Total Miles** _____ **at 53.5 cents per mile = \$** _____

Employee
Signature/Date: _____

Funding Source Provider
Signature/Date: _____

Supervisor
Signature/Date _____

**This instrument has been preaudited in the manner
required by the school Budget and Fiscal Control Act.** _____
Finance Officer Approval/Date

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Total Miles _____