

Caldwell County Schools In-State Travel Report

Vendor #: _____

Name: _____
(Please print as appears on social security card)

Location: _____
(Location number)

Assignment: _____
(Ex.: Principal, Teacher, Bus Driver, CNP)

Period Covered by this Voucher: _____
(From/To)

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

Account Code: _____ **Total Miles** _____ **at 56.5 cents per mile = \$** _____

Employee
Signature/Date: _____

Funding Source Provider
Signature/Date: _____

Supervisor
Signature/Date _____

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

Date	From	To	Comments	No. Miles

Total Miles _____