

JC-010
 Exp. 04/2014
 Rev. 04/28/2009

The School District of Jackson County
 Marianna, FL 32447

Reimbursement for Mileage – In County

Name _____ School _____ Employee ID # _____

Instructions:

1. A detailed explanation must be given stating specific purpose of travel.
2. The form must bear the signature of the principal when charged to the school's budget.

Date of Travel	Time of		Odometer Reading		Point of		Specific Purpose of Travel	Mileage	Rate	Total
	Departure	Return	Beginning	Ending	Departure	Destination				
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00
									\$0.40.5	\$0.00

PAYMENT WILL NOT BE MADE UNTIL THIS FORM IS COMPLETED IN ITS ENTIRETY.

I hereby certify this to a be a true account of my official travel expenses in pursuit of my assigned duties.

MILEAGE (Amount) \$0.00

 Signature

 Principal/Supervisor

CODING FOR PAYMENT:

FUND	FUNCTION	OBJECT	COST CENTER	PROJECT	PROGRAM