

Cumberland County Board of Education Travel Report

Name _____ Position _____

School _____ Certified _____ Non-certified _____

Purpose for travel _____ Month of _____, 20____

(Name of Conference/Workshop, etc.)

Date	From (city)	To (city)	Expenses (motel, meals, etc)	Departure Time	Arrival Time	Miles	Cost
					Total		

I certify the above to be a correct statement of mileage and other expenses for the month covered by this report

Employee Signature _____

Employee Signature _____

Mailing address _____

Principal's Signature _____

Approved by: _____

Budget Code _____