DELAWARE CITY SCHOOLS

MONTHLY TRAVEL REPORT

Directions: Use this form for mileage you drive with your own vehicle while traveling on official School District business in the Delaware/Columbus area.

Submit: **Two (2) copies** each month to your supervisor.

NOTE: **Expenses for lodging, meals, registration or other out of District expenses requires prior approval for each expenditure and must be reported on a different form for reimbursement.**

Name: _____ Building/Department: _____

Month: _____ _____

Day of Month	Account for Each Day of the Month	Activities: Places or Persons Visited	Total Mileage
		Total mileage reported on this page:	

Reimbursement: _____ miles @ _____¢ per mile = _____ Amount due

Signature _____
Person requesting travel reimbursement

Approved by _____
Administrator/Supervisor