## JACKSON COUNTY SCHOOLS EMPLOYEE LOCAL TRAVEL EXPENSE

\*\*\*COMPLETE A SEPARATE FORM FOR EACH MONTH\*\*\*

\*\*Itemized Daily Travel must be shown\*\*

MONTH		NAME	
reimbursement	th 1, 2018: If a state employee chooses to use a at rate will be 50 cents for the first 100 miles pe governed by NC Department of Administration	r day, with any additional miles over 100 per	
DATE	DESTINATION	MILES	COMMENTS
<del>                                     </del>			
<del></del>			
<u> </u>			
<del>                                     </del>			
	TAL MILES submitted for reimbursement by 10th of the for	-llawing manth	
	submitted for reimbursement by 10th of the fo d after that date will not be honored.		
	•	Finance Offi	ice Use Only
		Vendor#	-
Claimant Signa	ature Date	P.O.#L	Liquidated
***Must be ap	pproved by Supervisor.	Account Code Date Paid V	/o.No.
	adget cannot be exceeded.		ZO.NO BEEN PREAUDITED IN THE
			THE SCHOOL BUDGET AND
Supervisor Sign	nature Date		NTROL ACT.
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