

LAWRENCE COUNTY EDUCATIONAL SERVICE CENTER

Travel Expense Report

Name _____ Position _____

Period From _____ To _____

Date	Destination	Miles/Expenses

Total miles @ \$0.575 per mile _____
Total expenses claimed _____
TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT _____

SIGNATURE _____ **DATE** _____

APPROVED BY _____ **DATE** _____