TALBOT COUNTY BOARD OF EDUCATION EMPLOYEE TRAVEL EXPENSE FORM

Budget Code	
Month Ending	

NAME		Social Security No.				Headquarters				Auto Lincense No.				
PLACE OF RESIDENCE														_
-				(City)				(State)		(Zip Code)				
		TRANSPORTATION				1				STENCE			ОТН	HER
Date	Time Departed Arrived	From, To	Odometer Reading Beginning Ending	(a) No. State Use Miles	(b) Taxi Limo. Bus	(a & b) Total Trans.	(d) Break-fast	(e) Lunch	(f) Dinner	(d,e,&f) Total Meals	Lodging (Attach Receipt)	(g & h) Total Subsist.	Memo (Identify Other expenses)	Other Expenses (Amount)
				_										
				-										
				-										
				-										
				-										
				-										
			TOTAL	-	TOTAL									
I do solemnly swear, under penalty provided by law, that the obove statements are true and I have incurred the described expenses and the State use mileage in the dischage of my official duties for the State.		MILES TRANS.(1)				, , <u>,</u>					1	TOTAL OTHER (3)	\$ -	
		FUND ACCOUNT NO				INT CODING FED CODE PROJECT NO				AMOUN	_	1 & 2 & 3 L REIMBIRSEMENT		
Frankrica Cinnatura											NON PEEL	JNDABLE EXP		
Employee Signature APPROVED: Date											(AIR TRAVEL)	NADADLE EXI		
												TKT. NO TKT. NO		
Unit Head Date												4.0.5		
Division Director/Office Head Date											GR	4 & 5 AND TOTAL	\$ -	