JEFFERSON BOARD OF EDUCATION
TRAVEL EXPENSE STATEMENT

Reference
Auto License No.
Month Ending

Acct. No.
Check No.
Date

NAME: (Last) (First) (Middle)

HEADQUARTERS: (Agency)

SOCIAL SECURITY NUMBER:

HOME ADDRESS: (Street) (City) (State) (ZIP)

DATE	TIME 1.Departed 2.Arrived	TRAVEL ROUTE (From…To….Return) ***Please note reason for travel.***	Odometer Reading 1.Beginning 2.Ending	**TOTAL Miles Traveled**	No. Agency Use Miles	**TOTAL Transportation**	**Details of Subsistence (Attach Lodging Receipt)**				
							B'fast	Lunch	Dinner	Lodging	**TOTAL**
I do solemnly swear that the information above is true and correct to the best of my knowledge and I have incurred the described expenses and the state use mileage in the performance of my official duties for the Jefferson City Board of Education.		**TOTALS**				**(1)**					

($0.56 per mile reimbursement eff. 1/1/14)

TOTAL SUBSISTENCE (2)

TOTAL OTHER* (3)

GRAND TOTAL (1+2+3)

*(Specify other on back)

Signature (1) Date Supervisor's Approval (2) Date

Assoc. Superintendent's Approval (3) Date Superintendent's Approval (4) Date