MASON COUNTY SCHOOLS
IN-COUNTY TRAVEL EXPENSE REQUEST

Name: _____ **Job Title:** _____

Address: _____ **Date:** _____

City, State, Zip: _____ **Home Phone No.** _____

Work Location: _____ o **Check here if new address/phone**

FROM Official Headquarters AS ASSIGNED BY SUPERINTENDENT

Date	From	To	Purpose of Travel	Agency/Person Visited	*Mileage	Total
				Total		

I the undersigned do solemnly swear the above expense account is just, accurate, and true and is claimed for case expended for the purpose named in this statement.

Employee's Signature **Date**

Immediate Supervisor's Signature **Date**

Director's/Budget Manager's Signature **Date**

LEA Use Only – Account Code

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed, and the amounts charged are not excessive. The mode of transportation was necessary and the most direct and practical route used.

Treasurer's Signature **Date**

***Mileage rate is subject to change** **.545 effective 01/01/2018**

GH/AW_Rev12222017