

**MASON COUNTY SCHOOLS
IN-COUNTY TRAVEL EXPENSE REQUEST**

Name: _____ Job Title: _____

Address: _____ Date: _____

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

Work Location: _____ 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 .575 effective 01/01/2020