SCSB 31B (9/28/07)

# SCOTT COUNTY SCHOOLS
# LOCAL TRAVEL REIMBURSEMENT REQUEST

**EMPLOYEE NAME**_____ **HOME SCHOOL**_____

**JOB ASSIGNMENT**_____

**ADDRESS**_____ **MONTH/YEAR**_____

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| DATE | STARTING POINT | ENDING POINT | DESTINATION | TRIP PURPOSE | MILEAGE |
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| | | | | **TOTAL MILAGE:** | |
| | | | | **RATE PER MILE:** | **50.5** |
| | | | | **TOTAL COST:** | |

**APPROVED:**

_____

**Signature of Principal/Supervisor**

_____ _____

**Signature of Superintendent** **Signature of Employee**