

SCOTT COUNTY SCHOOLS  
LOCAL TRAVEL REIMBURSEMENT REQUEST

EMPLOYEE NAME \_\_\_\_\_ HOME SCHOOL \_\_\_\_\_

JOB ASSIGNMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

| DATE | STARTING<br>POINT | ENDING<br>POINT | DESTINATION | TRIP PURPOSE   | MILEAGE |
|------|-------------------|-----------------|-------------|----------------|---------|
|      |                   |                 |             |                |         |
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|      |                   |                 |             |                |         |
|      |                   |                 |             | TOTAL MILAGE:  |         |
|      |                   |                 |             | RATE PER MILE: | \$0.625 |
|      |                   |                 |             | TOTAL COST:    |         |

APPROVED:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Signature of Superintendent