For In County Travel Only
07/01/2022

Baldwin County Board of Education

LOCAL TRAVEL REPORT

Name: ____________________
Position: ____________________
Base Station: ____________________
Month: ____________________

Code(s) for Travel: ____________________

Submit to supervisor by 5th of month

Submit to B & F by 15th of month.

Deduct Commute Miles with minus (-).

DATE	Describe/List Point-to-Point Travel ( ) Indicate miles between points rounded to nearest mile	Total Miles	Commute Miles	Reimbursement Miles
				0
				0
				0
				0
				0
				0
				0
				0
				0
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				0
				0
				0
				0
	Total Reimbursement Miles This Page			0

GRAND TOTAL-MILES: 0

I hereby certify that the travel and expense indicated herein was accomplished in the performance of official duties pursuant to travel granted to me.

Attach additional pages if required.

Payee: ____________________

Total miles x .625 **=** $0.00

Approval: ____________________

Principal/Supervisor/Coordinator/Executive Staff Approval

Verified calculations of form:

Initials