Marion County Board of Education
Travel Expense Statement

Employee's Name _____ **Social Security Number** _____

Home Address _____ **School Name** _____

Tag # _____ **Date Form Completed** _____

Official Name of Conference/Workshop _____

Date	Time	From	To	Odometer Begin/End	No. of Mile	Total Trans	Other Expen.*	Details of Subsistence (attach lodging receipt) Breakfast	Lunch	Dinner	Lodging	Total Subsistence
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
					0	$0.00						$0.00
				TOTAL	0	$0.00	$0.00					

TOTAL SUBSISTENCE	$0.00
TOTAL MILES & OTHER*	$0.00
GRAND TOTAL	$0.00

** specify on back*

YR	FND	F	PRGM	FNCT	OBJCT	FCTY	TOTAL

I do solemnly swear the information furnished is true and correct to the best of my knowledge and I have incurred the described expenses and the state use mileage in the performance of official duties for the Marion County Board of Education.

_____ **Prof Development**
_____ **Title I**
_____ **Title II A**
_____ **CTAE - Local**
_____ **CTAE - Fed**
_____ **Pre-K**
_____ **Spec ED**
_____ **Other**

Employee's Signature Date

Director/Principal's Signature Date

Superintendent's Signature Date