SCHOOL BOARD OF BAKER COUNTY, FLORIDA

MONTHLY IN-COUNTY TRAVEL REPORT

MONTH OF _____ 20 _____ SUBMITTED BY: _____TITLE: _____

DATE	ORIGIN	DESTINATION	AUTO MILEAGE	REASON FOR TRIP	DATE	ORIGIN	DESTINATION	AUTO MILEAGE	REASON FOR TRIP

I certify or affirm that this travel claim is true and correct in every material matter; that this travel was necessary in the performance of my official duties; and that same conforms in every respect with the requirements of Section 112.061, Florida Statutes.

SIGNATURE:_____DATE: _____

APPROVED BY: _____DATE:_____

IN-COUNTY TRAVEL REPORT MUST BE SUBMITTED TO THE FINANCE DEPARTMENT WITHING 30 DAYS OF THE COMPLETION OF TRAVEL.