GULFPORT SCHOOL DISTRICT
IN-DISTRICT TRAVEL REPORT FORM

This form and no other will be the authorized reporting form for mileage reimbursement for employees whose job assignments require them to travel using their personal vehicles in the performance of their duties. Beginning January 1, 1995, this form must be submitted before eligible employees can be reimbursed for eligible travel.

Policy Reference: DJD, Employee Expenses

NAME _____ JOB TITLE _____

TRAVEL PERIOD _____ to _____ Expenditure Code _____

DATE	Trip Routing: Include All Stops	Miles Traveled
		(Continued Over)

Reimbursable mileage @ .50 cents per mile (Effective 1/12/2010) TOTAL MILES _____

Reimbursement Amount _____

Vehicle Make _____ Model _____ Year _____ Tag No. _____

I certify that I have actually traveled to perform the duties of my job assignment as indicated on the above report and am entitled to reimbursement at .50 cents per mile for such travel as per board policy.

Signed _____

Date	Trip routing: include all stops	Miles Traveled