Rockingham County Public Schools

Record of Travel

Name:_____ Month:_____ Year:_____

Home Address:_____, _____

Homebase School:_____

Date of Month	Record each day's activities, schools or persons visited, meetings attended and purpose of trip	Miles Traveled

I certify the above mileage to be accurate.

Total Miles: _____

X $0.50

_____

(Teacher)

Total Travel Reimbursement : _____

_____

(Principal/Supervisor)

_____

Budget Code

** At the end of each month please obtain proper signature along with the budget code and forward to Accounts Payable located at: 20 East Gay Street.