TRAVEL REPORT

(Submit one copy with original signature)

(5006)

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Name: _____ **Month/Year:** _____

DATE	FROM	TO	RETURNED TO	PURPOSE	ACTUAL MILES TRAVLED
				SUBTOTAL	0.0
				X $0.45	**X $0.45**
				TOTAL REIMBURSMENT	$0.00

Assurance: The above mileage record is true and accurate account of miles actually traveled in the performance of my duties as an employee of the Allen County Educational Service Center. I also certify that I have liability insurance on my vehicle.

Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____