



# CLARKE COUNTY BOARD OF EDUCATION

## STATEMENT OF OFFICIAL TRAVEL

County: CLARKE  
City: GROVE HILL  
State: ALABAMA

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Pay From: \_\_\_\_\_

Approved: \_\_\_\_\_  
Department Head

Month & Date	From	Points of Travel To	Private Car Miles	Hour of Depart AM/PM	Hour of Return AM/PM	Lodging	Meals	Other	Actual Expenses Claimed

TRANSPORTATION TOTAL:\$ \_\_\_\_\_

EXPENSE ACCOUNT TOTAL: \$ \_\_\_\_\_

GRAND TOTAL:\$ \_\_\_\_\_

*I hereby certify that the travel expense indicated hereon was accomplished in the performance of official duties to travel authority granted me. Reimbursement for these expenditures is contingent upon all documentation being submitted to central office prior to September 30th of the current fiscal year.*

\_\_\_\_\_  
*Signature of Traveler*