

APPOMATTOX COUNTY PUBLIC SCHOOLS
Statements of Travel & Expense Report

Homebound Instruction

Name _____ School _____ Month/Year _____
(Instructor)

Date	Destination – To and From Include miles from school to students home/place of instruction and miles from students home/place of instruction to school	Miles

Total Miles _____ @ .58 \$ _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Signature _____ Date _____

Approved _____ Date _____
Visiting Teacher/Homebound Coordinator

Approved _____ Date _____
Division Superintendent

Due in the School Board Office not later than 5th of each month.