

**APPOMATTOX COUNTY PUBLIC SCHOOLS**

Statements of Travel & Expense Report  
2019-2020

Name \_\_\_\_\_ School \_\_\_\_\_ Month of \_\_\_\_\_  
(Please Print)

Date	Nature and Purpose of Travel	Amount
Date	*Meals, Lodging and Other	Amount

\*Hotel and other receipts MUST BE ATTACHED.  
 Total Miles \_\_\_\_\_ @ .58 \$ \_\_\_\_\_  
 Total Other \$ \_\_\_\_\_  
 Grand Total \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Principal/Supervisor

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Division Superintendent

<i>For Central Office Use Only:</i>		
Grant Funding: Grant _____	Approved by: _____	Date _____

**Due in the School Board Office not later than 5<sup>th</sup> of each month.**