KARNES CITY INDEPENDENT SCHOOL DISTRICT 404 Highway 123 · Karnes City, Texas · (830) 780-2321

MONTHLY TRAVEL REPORT

Name of Employee		Employee No.	Position			
Worksite			Starting Date	Ending Date		
	Time Leave		NSPORTATION AND DUTIES	SPERFURIWED	Time Arrival	Miles
Mo/Day/Year		Locations Visi	ited · People Contacted · Du		Hr Min	Traveled
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				Total Mil	leage	
				Reimbursen	Reimbursement Rate	

I CERTIFY THAT THE ABOVE EXPENSES ARE TRUE AND CORRECT

Signature of Employee

Date

Signature of Supervisor

Business Office

Total Reimbursement