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**

RECORD OF TRANSPORTATION AND DUTIES PERFORMED

Mo/Day/Year	Time Leave Hr. - Min.	Locations Visited • People Contacted • Duties Performed	Time Arrival Hr. - Min	Miles Traveled

Total Mileage	0
Reimbursement Rate	
Total Reimbursement	$0.00

I CERTIFY THAT THE ABOVE EXPENSES ARE TRUE AND CORRECT

Signature of Employee **Date**

Signature of Supervisor **Business Office**