

**Sands CISD
Travel Expenses
Reimbursement Form**

MONTH: _____

<u>DATE</u>	<u>Mileage & Reason</u>	<u>DATE</u>	<u>Mileage & Reason</u>
1	_____	16	_____
2	_____	17	_____
3	_____	18	_____
4	_____	19	_____
5	_____	20	_____
6	_____	21	_____
7	_____	22	_____
8	_____	23	_____
9	_____	24	_____
10	_____	25	_____
11	_____	26	_____
12	_____	27	_____
13	_____	28	_____
14	_____	29	_____
15	_____	30	_____
		31	_____

Total Mileage _____ @ .50 cents per mile = \$ _____

CODE: _____

I certify that the above expenses are true and correct and were incurred by me in the performance of business travel for Sands CISD.

Signature

Date

Superintendent/Principal

Date