Winston-Dillard School District 116

Code: **DLC-AR(2)**
Revised/Reviewed: 10/08/14

Travel Record and Mileage Request

Name: _____

Address: _____

Location: _____ Department: _____

DATE	POINTS OF TRAVEL		NO. OF MILES
	FROM	TO	

Total Miles Claimed _____ @ IRS Rate per Mile $ _____

I hereby certify that the above is a true and correct statement of travel due me.

_____ _____
Signature Approved by

Budget Code: _____ (Required)