TRAVEL REPORT (Submit one copy with original signatures)

Name: **Department:** **Month/Year:**

DATE	FROM	TO	RETURNED TO	PURPOSE *If travel is related to serving a child that is IDEA elligible please denote with an asterisk	TIME IN	TIME OUT	MILES TRAVELED

TOTAL MILES	
AMOUNT (@.43)	

Assurance: The above mileage record is a true and accurate account of miles actually traveled in the performance of my duties as an employee of the Hardin County Educational Service Center. I also certify that I have liability insurance on my vehicle.

Employee Signature: _____ Date: _____ Supervisor Signature: _____ Date: _____

Charge to: _____

**This form must contain both signatures in order for payment to be processed.*

Neon Green (Rev. 09/05)