OTTUMWA COMMUNITY SCHOOL DISTRICT
In-District Travel Reimbursement Claim

Name_____ School/Program _____ Month _____

Home Address _____ Budget Code _____ Approved by _____
Principal/Supervisor

IMPORTANT NOTE: All In-District travel forms are required to have a budget code and must be signed by principal or supervisor. Any forms submitted without the required information will be returned to the building until corrected.

Destination	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Daily Totals																															

RECORD ACTUAL MILES UNDER THE DATE ON WHICH TRAVEL OCCURRED

Monthly Total _____ x 0.38 per mile = _____

I certify that the miles listed above are a true and accurate accounting of In-District travel expense.

_____
Employee Signature