Alachua County Public Schools - Business Services

Monthly Travel Voucher

Base Location _____ **Page** ___ **of** ___

Date	Travel Performed Point of Origin to Destination	Purpose of Travel	Miles

Total number of miles _____

Fund			Center				Object			Function				Program			Project				

Approvals:

_____ _____

Department Head Superintendent or Representative

This is to certify that I have traveled the above mileage during the ***month*** of _____ in the performance of my official duties as an employee of the School Board of Alachua County.

_____ _____

Requestee's Signature Requestee's Printed Name

_____ _____

Requestee's Position or Title Requestee's Social Security Number

_____

Requestee's Address