The School District of Georgetown County

Travel Report

Name _____ Month _____

Date	School/Site Visited			Miles
	From	To	Reasons	

This is a true report of mileage travelec
on official school business.

Total Miles _____

Total miles _____ X .555 _____

Signature _____ Date _____

Supervisor's Approval _____ Date _____

Program Area _____ Account No. _____