

GOODRICH INDEPENDENT SCHOOL DISTRICT

P. O. BOX 789
GOODRICH, TEXAS 77335

MONTHLY TRAVEL AND PER DIEM REPORT

Month _____

Name _____ Position _____

Travel: _____ Miles x 0.655 Cents Per Mile \$ _____

Per Diem _____ Meals + _____ Lodging \$ _____

TOTAL \$ _____

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties.

Signature _____ Date _____

_____	Departure _____	Time _____
Date	Location	
	Arrival _____	Time _____
	Person(s) Contacted or Reason _____	
	Departure _____	Time _____
	Return _____	Time _____
	Location	
	Mileage _____	Per Diem _____

_____	Departure _____	Time _____
Date	Location	
	Arrival _____	Time _____
	Person(s) Contacted or Reason _____	
	Departure _____	Time _____
	Return _____	Time _____
	Location	
	Mileage _____	Per Diem _____

Date _____	Departure _____	Time _____
	_____ Location _____	
	Arrival _____	Time _____
	Person(s) Contacted or Reason _____	
	Departure _____	Time _____
	Return _____	Time _____
	_____ Location _____	
	Mileage _____	Per Diem _____

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	Return _____	Time _____
	_____ Location _____	
	Mileage _____	Per Diem _____

Office Use Only:

APPROVAL:

Principal/Supervisor

Superintendent

Date Paid _____
Amount Paid _____
Check # _____