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