HOLMES COUNTY SCHOOL BOARD
Authorization For Out of County Travel

Purpose of trip: _____

_____

Date (s): _____ Location: _____

Type of transportation: _____

Passengers: _____

Coding: _____ _____ _____ _____ _____

           Center   Fund   Function   Object   Project

I authorize _____ to represent Holmes County School Board at the above disclosed meeting in connection with official business for this Board.

_____   _____
      Date   Supervisor

_____   _____
      Date   Superintendent

Claim For Out of County Travel

			Departure	Arrival

Destination: Date _____ Time: _____ _____

Return Trip: Date _____ Time: _____ _____

Mileage (1 way) _____ X 2 X _____ per mile = _____

Meals (if applicable): _____

Per Diem (if applicable): Days _____ X _____ per day = _____

Other (specify): _____ _____

_____ _____

_____ _____

Less: Meals included in registration fee _____

Total _____

I certify that the above information is true and correct to the best of my knowledge and belief and that I incurred the reflected expenditures as necessary in the performance of official duties.
I HAVE INCLUDED AN AGENDA OF THE MEETING ATTENDED.

_____   _____
      Date   Claimant