CLINTON PUBLIC SCHOOL DISTRICT

Clinton, Mississippi Statement of Travel Expenses for Daily Round Trips

DATE	FROM	TO	MILES	AUTO	TOTAL	MEETING ATTENDED OR PERSON(S) VISITED
				0.575		
				0.575		
				0.575		
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				0.575		
				0.575		
				0.575		
TOTAL				0.575		

ADDITIONAL COMMENTS:	
I hereby certify that the above expenses were ac duties as an employee, board member, or comm	tually incurred by me in the performance of my ittee member of the Clinton Public School District.
Date	Signature of Claimant
Fund (Maintenance, Title I, etc.)	Signature of Principal/Supervisor
Budget Item Number	Signature of Superintendent