

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
RECORD OF TRANSPORTATION AND DUTIES PERFORMED**

NAME: _____ **CAMPUS:** _____ **MONTH/YEAR:** _____

Day	Locations Visited, People Contacted and Official Duties Performed	Miles
	ADDRESS DEPARTED: _____ ADDRESS ARRIVED: _____ PERSON CONTACTED: _____ BEGINNING ODOMETER: _____ ENDING ODOMETER: _____ MAP QUEST: Attached On File PURPOSE: Approved Meeting Other: _____ Parent Meeting Job Follow-up Job Development Post Office Bank Student Counseling Maintenance Supplies	
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_____ MILES X 0.58 = \$ _____	

I certify that the above expenses are true and correct and were incurred by me in the performance of my official duties in accordance with the policies and regulations of the South Texas Independent School District.

Monthly Travel Report must be included with the Authorization for Payment (AFP).

EMPLOYEE

EMPLOYEE SUPERVISOR