HAZLETON AREA SCHOOL DISTRICT
TRAVEL EXPENSE FORM

Name_____ **Month**_____

School_____ **Budget Code**_____

DATE	FROM	TO	MILES	REASON

TOTAL MILES_____0_____ **@** $ 0.585 **PER MILE =** **$ 0.00**

I certify that the above expenses were actually incurred in the fulfillment of my duties to Hazleton Area School District.

_____

Signature of Employee

_____

Signature of Immediate Supervisor

Updated 1/3/2022 MB