

WILLISTON SCHOOL DISTRICT 29 TRAVEL LOG

Name: _____ Month: _____

Date		Destination	Purpose of Trip	Account Number	Funding Mgr Initials	Total # of Miles Traveled	Breakfast/Lunch (if NOT provided) B=\$11.00 L=\$12.00

- * *This form is for DAY trips ONLY*
- ** *Form MUST be submitted by the 15th of the following month*
- *** *Attach Map Quest for each trip*
- **** *Breakfast =\$11.00 Depart BEFORE 6 a.m.*
Lunch =\$12.00 if NOT provided

Total # of Miles:
Mileage Rate:
Sub Total:

x .58	

Total Amount Due:

Employee Signature: _____

Approved By Signature: _____