

YSLETA INDEPENDENT SCHOOL DISTRICT
LOCAL TRAVEL EXPENSE REPORT

Name (Please Print)	Employee Number
Campus/Department	Budget Account (must use object code 6411)
Reporting Period	

RECORD OF TRAVEL AND DUTIES PERFORMED

Date	From Address	To Address	Beginning Odometer	Ending Odometer	Business Purpose	Miles

I certify that the information contained in this report is true and correct, that miles traveled were solely for business purposes, and that my Defensive Driving Certificate is current within the requirements in District policy.

Total Miles _____ X \$ _____ = \$ _____

Employee Signature

Approval – Principal, Department Budget Administrator or above

Revised 11-2012

