Monthly Travel Report For Teachers and Coordinators of Career and Technology Education

Each month submit ONE copy to the CTE department and keep a copy for your records.

Name of Teacher or Coordinator: _____Month _____20 _____

Name of School _____ Address _____

RECORD OF TRANSPORTATION AND DUTIES PERFORMED

Day of Month	Time Leave Hr-Min	ALL DEPARTURES AND ARRIVALS FROM/TO HDQ UNLESS OTHERWISE INDICATED			Time Arrival Hr-Min	Miles Traveled
		Names & Addresses of Locations Visited	People Contacted	Official Duties Performed		

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		Names & Addresses of Locations Visited	People Contacted	Official Duties Performed		

Total car mileage_____miles X **$____ mile** $_____

Total Official Travel Expense for Month $_____

Total for the Year (including this month) $_____

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 policies of my local School Board of Trustees and according to Regulations on Reimbursable Teacher Travel established by the Texas Education Agency.

Approved by:_____ _____

School Administrator Teacher, Supervisor or Coordinator

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