DEVINE INDEPENDENT SCHOOL DISTRICT
MONTHLY TRAVEL EXPENSE LOG

Employee Name:		Campus:	
Date	Destination	Purpose	Mileage
		Total Mileage	
		Total due @ $.545 per mile	

Charge to Account Number_____

Employee Signature:_____

Principal/Director Approval:_____

Business Office Approval:_____

Due by the first of each month. Use one form per month