Sanford School Department

EMPLOYEE TRAVEL LOG 2024

Must be submitted within 60 days of travel.

Employee's Name: _____

Employee's Address: _____

Department: _____ Account #: _____

Date	#Miles Traveled	Tolls / Fees	Travel Purpose and Description (From where to where; 50 miles or more one-way, please attach map/mileage)

Total Miles = _____ x Rate ($0.67) + Tolls_____ = Amount to Pay $_____

Employee Signature: _____ Date:_____

Administrator's Signature: _____ Date:_____