Professional Meeting and/or Travel Request Form Today's Date:

Return Time: 3/00 Return Time:	Return South CAR Date Date Date Date	ak : the the second sec	Oth Oth ARI Cree WILL HO:
	Today's Date:	cation: of Conference/Workshop: Out of District Out of State	Sch
		Employee Name:	Em

Livingston County Schools

PO Box 219, 127 E. Adair St. Smithland, KY 42081 Phone (270)928-2111, Fax (270) 928-2112



TRAVEL/MILEAGE EXPENSE FORM

DATE	TO	FROM	Reason for Travel	# OF MILES
4/10/18	Smithland-Library	SLES	Reason for Travel Early Childhard Countil	12
		(8		
-1				
1162				
	7			
				0

	4
TOTAL MILEAGE	0
CURRENT MILEAGE RATE	x.41
TOTAL COST	\$0.00
	\$4.92
EMPLOYEE SIGNATURE BOTTLE MINICH	

SUPERVISOR SIGNATURE Becky Dunning