

**DOUGHERTY COUNTY SCHOOL SYSTEM  
LOCAL TRAVEL**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ HEADQUARTERS \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AUTO LICENSE # \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE	*FROM - TO	Odometer Reading Beginning/Ending	Number Of Local Miles Used	DATE	*FROM TO	Odometer Reading Beginning/Ending	Number Of Local Miles Used
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I do solemnly swear, under penalty provided by law, that the above statements are true and I have incurred the described expenses and the local use mileage in the discharge of my official duties for the Dougherty County School System.	<b>TOTAL MILES</b>	<b>TOTAL AMOUNT TO BE REIMBURSED</b> Total number of miles @
EMPLOYEE'S SIGNATURE _____ DATE _____	Executive Director, Business Services Signature _____ DATE _____	
	PROGRAM/TRAVEL ACCOUNT NUMBER TO BE CHARGED	
PROGRAM DIRECTOR'S SIGNATURE _____ DATE _____	* DOCO SCHOOL SYSTEM FACILITY CODES MAY BE USED IN PLACE OF SCHOOL NAMES	