Corbin Independent Schools
Tri-County Travel Expense Form

Name:	Social Security Number:	Report Month:
Position:	Supervisor:	Acct Number:

Daily Record Report

Date:	Travel From/Travel To	Purpose	Mileage	Multiply By	Total
	********** Note: Please go to website http://finance.ky.gov/internal/travel/ for current state mileage rate			**********	
				TOTAL	

A report should be submitted monthly to the business department. Employees signature verifies accuracy of report

Employee Signature:	Date:	Supervisor Signature:	Date:

Retain copy for your records