HARRISON HILLS CITY SCHOOL DISTRICT
Box 356, Hopedale, Ohio 43976

T R A V E L   E X P E N S E   R E P O R T

This report **MUST** be submitted to the Superintendent on the **SEVENTH (7th)** day of each month
(INSIDE THE DISTRICT)

Name_____ School_____ Date_____

| MONTH | DATE | REASON FOR TRIP | TRAVELED | | ROUND TRIP | | TOTAL MILES TRAVELED |
			FROM	TO	YES	NO	

I certify this report is true and accurate to the best of my knowledge and belief.

Total Miles   _____

Signed:_____   _____
                                                                    Date   .4_____
Approved by:_____   _____
                        Principal   Date   Amount Due $_____
Approved by:_____   _____
                        Superintendent   Date

Code:_____