SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
240 North Crockett Street • San Benito, Texas • (956) 361-6100

MONTHLY TRAVEL REPORT

Name of Employee	Employee No.	Position	Social Security
Worksite		Starting Date	Ending Date

RECORD OF TRANSPORTATION AND DUTIES PERFORMED

Mo/Day/Year	Time Leave Hr. - Min.	Locations Visited • People Contacted • Duties Performed	Time Arrival Hr. - Min	Miles Traveled

Total Mileage	0
Reimbursement Rate	0.50
Total Reimbursement	$0.00

I CERTIFY THAT THE ABOVE EXPENSES ARE TRUE AND CORRECT

Signature of Employee

Date

Signature of Supervisor

Business Office