Richmond County Public Schools
Warsaw, VA 22572

STATEMENT OF TRAVEL

Name _____

Address _____

Date	Description and Location of Travel	Miles Traveled	Lodging	Meals	Registration	Other
	TOTALS					

_____
Employee's Signature

_____
Supervisor's Signature

_____
Superintendent's Signature

Summary: Total _____ miles @$.50 $ _____

Lodging $ _____

Meals $ _____

Registration $ _____

Other $ _____

GRAND TOTAL $ _____

IF MORE THAN ONE SHEET IS USED, SHOW SUMMARY ON LAST PAGE ONLY

Form 17
(Rev 7/08)