

TRAVEL:
COMPENSATION AND BENEFITS

DEE
(EXHIBIT A)

FORM 100 ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
ODESSA, TEXAS
MONTHLY IN-DISTRICT TRAVEL REPORT
FOR THE MONTH OF _____, 200__

_____ BUDGET ACCOUNT NUMBER

NAME: _____ SS#: _____ (Name as on Payroll files) _____

SS#	TRAVEL TO	REASON FOR TRAVEL	TOTAL MILES

I hereby certify this information is true and correct.

Total _____

Signature _____ Total Miles x \$.34 \$ _____ = \$ _____

Date _____

Approved by: _____ Date: _____

