TRAVEL: COMPENSATION AND BENEFITS

DEE (EXHIBIT A)

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FORM 100  ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT ODESSA, TEXAS MONTHLY IN-DISTRICT TRAVEL REPORT FOR THE MONTH OF, 200		Т			
	BUDGET ACCOUNT NUMBER				
	NAME:	SS#:			
	CAMPUS:	(Name as on Payroll files)	POSITION:		
DATE	TRAVEL TO	REASON FOR TRAV	EL TOTAL MILES		
I hereby certify this information is true and correct.  Total					
Signature Total Miles x \$.27 .34 = \$					
-	Data				

Approved by:\_\_\_\_\_\_Date:\_\_\_\_\_

DATE ISSUED: 1/28/00

LDU: 12800 DEE (EXHIBIT A) TRAVEL: COMPENSATION AND BENEFITS

DEE (EXHIBIT A)

DATE	TRAVEL TO	REASON FOR TRAVEL	TOTAL MILES