South Central Child Development, Inc.
Wagner, SD

Travel Expense Statement

Name _____ **Position** _____

Period Beginning _____/_____/_____ **Period Ending** _____/_____/____ **County**

Date	From	To	Odometer Reading Begin	Odometer Reading End	Total Miles	Purpose of Travel
					0	
					0	
					0	
					0	
					0	
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					0	
					0	
					0	
					0	
					0	
					0	
					0	

Total Number of Miles 0

Amount Claimed _____

I certify that this statement, the amounts claimed and the attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

Signature of Traveler _____ Date _____

Signature of Supervisor _____ Date _____

Executive Director _____ Date _____

Reset Form

bks 04/29/03
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