

South Central Child Development, Inc.

Wagner, SD

Travel Expense Statement

(Teacher Assistants/Tutors)

Name _____ Position _____
 Period Beginning ____/____/____ Period Ending ____/____/____ County _____

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

Total Number of Miles _____
 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 _____
 Area Manager _____ Date _____
 Executive Director _____ Date _____