LAUREL HIGHLANDS SCHOOL DISTRICT
304 BAILEY AVE.
UNIONTOWN, PA 15401

MONTHLY TRAVEL APPLICATION

Name_____ Date_____

School_____ Position/Dept._____

Reason for Travel_____

Date	***Destination***	***No. Miles***	***@***	***0.555***		***Total***

Total Reimbursement Requested **$**_____

_____ _____

Employee Signature ***Principal/Supervisor Signature***

9/1/2011(jls) ***"Laurel Highlands Is An Equal Opportunity Employer"***