KNOX COUNTY BOARD OF EDUCATION
200 DANIEL BOONE DRIVE
BARBOURVILLE KY 40906

STATEMENT OF IN DISTRICT TRAVEL

NAME _____ **MONTH** _____

ADDRESS _____

DATE	LOCATION TRAVELED	MILES TRAVLED	CENTS PER MILE FOR TRAVEL	AMOUNT CLAIMED	PURPOSE OF TRIP

I hereby certify that the travel indicated above was accomplished in performance of official duties.

Employee Signature _____ **DATE** _____

Supervisor Signature _____ **DATE** _____

MUNIS CODE _____