HARALSON COUNTY BOARD OF EDUCATION MONTH OF **AUTO MILEAGE RECORD** NAME (as it appears on payroll check) SSN# SCHOOL / LOCATION DO CITY, STATE, ZIP ADDRESS (home) DAILY TRAVEL **BEGINNING ENDING** (points visited) **TOTAL MILES** ODOMETER **ODOMETER** DATES OF **FROM** TO **READING READING PURPOSE TRAVELED TRAVEL** ACCOUNT CODE **TOTAL** (miles) I firmly swear, under criminal penalty of a felony, that the above claim is true and correct \$.655 per mile and I have incurred the described expenses in the discharge of my **GRAND TOTAL \$** official duties for the Haralson County Board of Education EMPLOYEE (signature) DATE EMPLOYEE'S SUPERVISOR (signature) DATE **DIRECTOR OF INSTRUCTION (signature)** DATE SUPERINTENDENT (signature) DATE