SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York 11787

LOG FOR REIMBURSEMENT OF
INTRA-DISTRICT TRAVEL EXPENSE

Employee Name (Please Print) _____

Travel Period: From _____ To _____
(Date) (Date)

Date	From	To (Destination)	Miles

Total _____

I herewith certify to the accuracy of the above: _____
(Employee Signature)

10/81