Bibb County Board Of Education
157 S. W. Davidson Drive
Centreville, Alabama 35042

IN_COUNTY TRAVEL CLAIM FROM

Employee_____ Month_____ Fund _____

DATE	FROM	TO	PURPOSE	MILES
			TOTAL MILES	
			Amount Owed Employee (Total Miles x .455)	

I hereby certify that the travel indicated heron was accomplished in the performance of official duties pursuant to travel authority granted me.

_____/_____
Signature of Employee Date

Approval for payment noted above:

_____/_____
Signature of Superintendent Date