

HARRISON HILLS CITY SCHOOL DISTRICT  
Box 356, Hopedale, Ohio 43976

**T R A V E L E X P E N S E R E P O R T**

This report **MUST** be submitted to the Superintendent on the **SEVENTH (7th)** day of each month  
*(OUTSIDE THE DISTRICT)*

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

MONTH	DATE	REASON FOR TRIP	TRAVELED		ROUND TRIP		TOTAL MILES TRAVELED
			FROM	TO	YES	NO	

I certify this report is true and accurate to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Principal  
Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent

Total Miles \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Code: \_\_\_\_\_