



SESC
214 N. Kanawha Street
Beckley WV 25801

TRAVEL EXPENSE STATEMENT
Bus Operator Trainers/Examiners

Month:	
County(ies)	
Billed:	

Name:		Emp ID:	900200
Address:			

PO Box or Street Address	City	State	Zip
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Mileage rate = \$.575 as of 01/01/20

Date	From	To	Purpose of Travel	Miles	Mileage Reimb.	Other, Tolls, etc.
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
(Mileage Total)				0	\$ -	\$ -
					Grand Total:	\$0.00

Signatures:

Employee: _____	Date: _____
Supervisor: _____	Date: _____

Rev 7/20

14.901_____.12791.582.040
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VENDOR

FUND-PROJECT-PGM/FUNCTION-OBJECT-LOCATION

AMT DUE