



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 _____

Mileage rate = \$.56 as of 01/01/21

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

Signatures:

Employee: _____	Date: _____
Supervisor: _____	Date: _____
14.902 _____ .12791.582.040 County _____	\$0.00
14.902 _____ .12791.582.040 County _____	

Rev 1/21

FUND-PROJECT-PGM/FUNCTION-OBJECT-LOCATION

AMT DUE