School District No. 6 (Rocky Mountain)
TRAVEL ALLOWANCE

NAME:			HOME PHONE:		
ADDRESS: _____			SCHOOL/DEPARTMENT:		
_____			MONTH:		

DATE	DESTINATION/REASON FOR TRAVEL	NO. OF KILOMETERS	DATE	DESTINATION/REASON FOR TRAVEL	NO. OF KILOMETERS

TOTAL KILOMETERS	
TOTAL KILOMETERS _____ X $0.66 =	$

G.L. CODE:	FOR OFFICE USE ONLY	SIGNATURE OF APPLICANT: _____
_____		AUTHORIZED: _____
_____	AC# _____	APPROVED: _____
_____		

9/3/24