

Obion County School System  
Union City, TN 38261

Homebound Expense Report

Students Name: \_\_\_\_\_

Special Education Student \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Dates (mm/dd/yy)</u>	<u>Length of Visit</u>	<u>Miles</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

**I certify that the information is true and accurate. (Please turn in the original to pay from. We cannot pay from a fax copy or zerox copy. This form is due in the 10<sup>th</sup> of each month with all other time sheets.)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee #

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY:

\_\_\_\_\_ rate per hour X number of hours worked \_\_\_\_\_ = \_\_\_\_\_ Total Salary

\_\_\_\_\_ Total miles traveled @ .54 = \_\_\_\_\_ Total Travel

Approved: \_\_\_\_\_  
Supervisor

Approved: \_\_\_\_\_  
Director of Schools

Salary Account #: \_\_\_\_\_  
(Revised 10/2008)

Travel Account #: \_\_\_\_\_