

COFFEE COUNTY BOARD OF EDUCATION
Travel Expense Claim Form - Outside System

NAME TAG

This claim must be prepared in accordance with travel regulations.

Name: _____ Position: _____ Funding: _____ Appropriation: _____
Departure Date: _____ Time: _____ Return Date: _____ Time: _____
Conference: _____ Location: _____

	Receipt Attached	Totals
I. Transportation		
a. Personal Car _____ miles x .70 (per mile)	_____	_____
b. Airline (name) _____	_____	_____
c. Taxi, Parking, Car Rental, etc. (receipt required)	_____	_____
II. Food		
a. Breakfast _____ @ \$13.00 maximum		_____
b. Lunch _____ @ \$15.00 maximum	(no receipts needed)	_____
c. Dinner _____ @ \$26.00 maximum		_____
III. Lodging		
a. Hotel (receipt must show a \$0 balance)		
_____	_____	_____
IV. Registration		
a. Organization _____	Prepaid: _____	Receipt Required: _____

I certify that this claim is correct and was necessary for official duties.

Gross Total: _____

Attendee Signature: _____

Date: _____

Project Supervisor's Signature: _____

Date: _____

Director's Signature: _____

Date: _____