



FOR FISCAL USE ONLY

DEPARTMENT: \_\_\_\_\_

BUDGET CODE: \_\_\_\_\_

**TRAVEL EXPENSE CLAIM FORM**

SCHOOL \_\_\_\_\_

FOR PERIOD FROM : \_\_\_\_\_ TO: \_\_\_\_\_

PREPARE IN INK

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL POLICIES

DATE	DEPARTURE LOCATION	TIME AM/PM	ARRIVAL LOCATION	TIME AM/PM	TRANSPORTATION		MEALS			TOTAL COST
					MILES	LODGING	BREAKFAST	LUNCH	DINNER	

TYPE OR PRINT COMPLETE HOME ADDRESS:

NAME: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AMOUNT DUE CLAIMANT: \_\_\_\_\_

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT

\_\_\_\_\_  
 ADMIN SIGNATURE DATE  
 \_\_\_\_\_  
 SCHOOL DATE  
 \_\_\_\_\_  
 APPROVED DATE  
 \_\_\_\_\_  
 APPROVED DATE

ATTACH ITEMIZED RECEIPTS TO SUPPORT ALL EXPENSES