

Franklin County Schools

2.804.11- Administrative Procedure

Per F C Finance Office

Claim for Reimbursement for Expenses Incurred as a Result of Official, Approved Travel

Invoice # (Finance Dept Use)			Expense Line				
			Fund	Dept	Obj	Cost Center (if applicable)	Sub Object/Sub Fund (if applicable)
Example			141	72210	355	Broad	101
Date	Place Left	Time Left	Placed Arrived	Time Arrived	Total Mileage	State Rate @ .67	Total Claimed
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
						\$ 0.670	\$ -
Total to be reimbursed						\$	-

Name _____
 Address _____

 Employee's Signature

 Signature of Supervisor Authorizing Travel

Claims should be submitted within 30 days of travel