MARSHALL COUNTY PUBLIC SCHOOLS
Claim for Travel Expense

CLAIM FOR TRAVEL EXPENSES FOR PERIOD
From: _____ **To:** _____

BUDGET (G/L NUMBER): _____
Budget Approval: _____

Date	Place Left	Place Arrived	No. of Miles	Amt. Of Mileage at 0.47	Airline/ Other	Parking	Lodging	Breakfast	Lunch	Dinner	Registration Misc.	Total Amount Due
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Page 2 Gross Total:	$ -
Page 3 Gross Total:	$ -
Page 4 Gross Total:	$ -
Page 5 Gross Total:	$ -
GROSS TOTAL:	$ -

REASON FOR TRAVEL AND ANY ADDITIONAL EXPLANATION:

NAME OF CONFERENCE: _____
PURPOSE: _____

WORKSITE AND POSITION: _____
NAME: _____
ADDRESS: _____

I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT

_____
Claimant's Name (Printed) Date

_____
Claimant's Signature Date

_____
Supervisor's Signature Date

NOTE: **Receipts must be attached for all expenses.**
Use website below to print mileage.
https://www.google.com/maps

Revised: 12-7-15