

Claim for Traveling Expense

Date	Location and Time of Departure	Location and Time of Arrival	Transportation		Lodging (attach receipt)	Meals**			Other (Itemize and Explain)	Total
			# Miles*	Other		(Indicate any that apply)				
						Breakfast	Lunch	Dinner		
Total										

Purpose of trip: _____

I hereby certify that this claim is true and correct:

Name of Driver: _____

Claimant

Account charged to: _____

Position

Approved by: _____

Superintendent/Supervisor

* Mileage paid to driver using state mileage chart.

** Do not list any meals that are provided. Meals are reimbursed at state rate.