

FREDERICK PUBLIC SCHOOLS

Claim Form for Travel Reimbursement

Name: _____ Date: _____

MILEAGE

Date: _____	Traveled To: _____	Purpose: _____
_____ Miles @ 54.5¢ per mile =	\$	-

MEALS

Date: _____	Meal-Limit \$30.00 per day	
Date: _____	Meal-Limit \$30.00 per day	\$ -
Date: _____	Meal-Limit \$30.00 per day	\$ -
Date: _____	Meal-Limit \$30.00 per day	\$ -

OTHER EXPENSES

	\$ -
<i>Description of other expenses</i> _____	\$ -
<i>Description of other expenses</i> _____	\$ -

TOTAL REIMBURSEMENT:	\$ -
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Signature

Date

Principal Signature

Superintendent Signature

All Tickets Must Be Itemized & Attached To Receive Reimbursement.