

CLAIM FORM FOR TRAVEL REIMBURSEMENT

Name: _____

Date	Destination	Miles	Purpose

_____ Total Miles @ IRS standard rate **56** _____

Meals-Limit \$40.00 per day (Itemized Receipt Required)

<u>Date</u>	<u>Amount</u>

Other Expenses- (Toll, Hotel, Fees, etc.)

<u>Date</u>	<u>Amount</u>

Total Reimbursement (Tickets Attached) _____

Signature

Date

Superintendent

ALL TICKETS MUST BE ITEMIZED AND ATTACHED TO RECEIVE REIMBURSEMENT