

# CLAIM FORM FOR TRAVEL REIMBURSEMENT

Name: \_\_\_\_\_

Date	Destination	Miles	Purpose

  0   Total Miles @ IRS standard rate      .585 \_\_\_\_\_

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


Other Expenses- (Toll, Hotel, Fees, etc.)      **Date**      **Amount**


**Total Reimbursement (Tickets Attached)      \$0.00**

\_\_\_\_\_  
Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent      \_\_\_\_\_  
Date

ALL TICKETS MUST BE ITEMIZED AND ATTACHED TO RECEIVE REIMBURSEMENT