UPDATED
11/14/2018

TIPTON COUNTY BOARD OF EDUCATION
CLAIM FOR TRAVELING EXPENSES

FOR PERIOD FROM _____ TO _____

This claim must be prepared in accordance with travel regulations.

DATE	PLACE LEFT	PLACE ARRIVED	TRANSPORTATION					OTHER EXPENSES		TOTAL
			Miles	Mileage Amount	Breakfast	Lunch	Dinner	Itemize, Attaching Receipts		
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
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				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
				0.47						0.00
		MILES	0.00	0.47		=	MILES	AMOUNT OF CLAIM:		0.00

Please Type or Print COMPLETE Home Address Below:

Name _____

Address _____

_____

Amount Due: $ **0.00**

Explanation or Purpose: _____

ADD ALL PAGES FOR *GRAND* TOTAL _____

Signature _____ *Supervisor Signature:* _____

PRINCIPAL _____ Dir. Of Instruction/Operation: _____

DATE: _____ Director of Schools: _____

PROOF OF INSURANCE EXP _____ DATE RECEIVED: _____

DRIVER'S LICENSE EXP _____

Please attach an Agenda if you went to a Conference.

←←←STAPLE HERE

Account #: _____