

**TIPTON COUNTY BOARD OF EDUCATION
CLAIM FOR TRAVELING EXPENSES**

PAGE _____

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	
				0.47				
				0.47				
				0.47				
				0.47				
				0.47				
				0.47				
				0.47				
				0.47				
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				0.47				
				0.47				
				0.47				
				0.47				
				0.47				

MILES _____ X 0.47 = PAGE ____ MILES AMOUNT OF CLAIM: _____

Please Type or Print COMPLETE Home Address Below:

Name _____

Address _____

Signature _____

Explanation or Purpose: _____

DATE: _____

ADD ALL PGS GRAND TOTAL Amount Due: \$ _____

Supervisor Signature: _____

Dir. Of Instruction/Operation: _____

Director of Schools: _____

DATE RECEIVED: _____

PROOF OF INSURANCE EXP _____

DRIVER'S LICENSE EXP _____

**Please attach an
Agenda if you went to
a Conference.**

Account #: _____

←←←STAPLE HERE