

BRADLEY COUNTY SCHOOLS



Name _____

TRAVEL CLAIM REIMBURSEMENT FORM

Address _____

Time Period

From _____ To _____

School/Station _____

This claim must be prepared in accordance with travel regulations

DATE	PLACE LEFT	PLACE ARRIVED	MILES	MILEAGE @ .36	AIR TRAVEL	LODGING	RENTAL VEHICLES	Meals and incidentals		TOTAL
								Partial Days	Full Days	
Other expenses - Itemize on Reverse Side										

PURPOSE: _____

AMOUNT DUE CLAIMANT \$0.00

I hereby certify that this claim is in accordance with
 BCS Travel Policy:

 Claimant Signature Date

 Supervisor Approval Date