

# NORTON CITY SCHOOLS

## Travel Reimbursement Claim

Name:	Position:
Purpose of Travel:	

Date	Reimbursement Item	Miles Traveled	Meal Expenses	Lodging Expenses	Other Expenses
			\$	\$	\$
	<b>Totals</b>		\$	\$	\$

Total Miles Traveled \_\_\_\_\_ x \$0.58 = \$ \_\_\_\_\_  
 Total Meals Expenses\*/\*\* \_\_\_\_\_  
 Total Lodging Expenses\*\* \_\_\_\_\_  
 Total Other Expenses\*\* \_\_\_\_\_  
  
**Total Reimbursement Claim**                      \$ \_\_\_\_\_

I certify that each item above is accurate and for official business.

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

\* Meals Expenses reimbursements are limited to \$35.00 daily.  
 \*\* Please attach documentation for **all expenses**.