

**Franklin County Public Schools**  
**TRAVEL CLAIM**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ MONTH ENDING \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

DATE	FROM	TO	PRIVATE AUTO		TOLL	MEALS (See page 2)			MEAL TIPS	See Page 2		
			MILES	AMOUNT		B	L	D		ROOM	OTHER	TOTAL
<b>TOTALS</b>												

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Franklin County Board of Education in the discharge of official business; that they are proper charges against the Franklin County Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Approved \_\_\_\_\_

Date: \_\_\_\_\_

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**TRAVEL CLAIM**

**Include all expenses not included on page one including, but not limited to, plane fare, taxi, tips (not to exceed 15%), registration fees, etc.**

DATE	DESCRIPTION OF OTHER EXPENSE	AMOUNT
	<b>TOTAL</b>	<b>\$</b>

**TRAVEL POLICY**

Travel shall be paid for actual expense within the following limits:

a) Travel-must be accompanied by DETAILED receipts (not credit card receipt):

- |  |                               |
|--|-------------------------------|
| 1. Mileage (automobile)-----   | See current State Rate        |
| 2. Air fare -----  | Full amount (coach ride)      |
| 3. Parking -----   | Full amount (no valet)        |
| 4. Taxi -----  | Full amount (plus 15% tip)    |
| 5. Car rental -----  | Full amount (mid size auto)   |
| 6. Tolls (none for District vehicles being operated in state in an official capacity)- | Full amount                   |
| 7. Baggage   | Full amount (limit of 2 bags) |

b) Meals shall only be reimbursed for overnight stays. **Maximum allowable food expenditure for a 24 hour day stay shall be \$30 (plus 15% tip) in normal area travel and \$50 (plus 15% tip) for high rate area travel.** (Special allowances may be made for banquets which exceed the above limits.) All meals require a DETAILED receipt (not a credit card receipt).

<u>Meals</u>	<u>Normal</u>	<u>High Rate Area</u>
Breakfast	\$7.00 plus tip (15%)	Breakfast \$10.00 plus tip (15%)
Lunch	\$8.00 plus tip (15%)	Lunch \$15.00 plus tip (15%)
Dinner	\$15.00 plus tip (15%)	Dinner \$25.00 plus tip (15%)

c) Room- not to exceed single rate- requires a DETAILED receipt (not a credit card receipt).

d) All travel shall originate from the employee's school or the Central Office.

e) Prior approval of travel by the Superintendent is required for reimbursement. A copy of an approved PMR (Professional Meeting Request) must be attached.

Review/Revised:7/7/14