

Hillsboro Independent School District Travel Expense Claim Form

Name of Claimant _____ Campus _____

DETAIL OF TRANSPORTATION

Date	From	To	Miles on Personal Car	Purpose of trip or Duties performed

_____ Miles at \$ _____ per mile = \$ _____

DETAIL OF TRAVEL EXPENSE (WHEN AUTHORIZED)

***REQUIRED: (MUST BE AT LEAST SIX CONSECUTIVE HOURS FROM ASSIGNED WORK LOCATION)**

Date	Room	*Meals	*Time Left	*Time Returned	Location and other Details
TOTAL					

Total Amount Claimed \$ _____

ACCOUNT CODE:

Signature of Claimant

Signature of Principal/Supervisor

Signature of Superintendent