WARREN COUNTY SCHOOL SYSTEM
CLAIM FOR TRAVEL EXPENSES

For period from _____ to _____
This claim must be prepared in accordance with Warren County School System travel regulations.

Date	Place Departure	Departure Time	Destination Arrival	Arrival Time	Miles	Mileage Amount	Airline / Other	Taxi / Parking	Lodging	Breakfast	Lunch	Dinner	Other Expenses	TOTAL
				TOTALS										

***Purpose of trip: _____ *Method of travel (check one) __staff car __personal car**
__bus ___plane

***I hereby certify that this claim is true and correct: *Date _____ _____ *Claimant signature**
_____ *Claimant Printed name

***Claimant mailing address: _____ _____ *Position**
_____ *Must Be Completed*

Amount Due Claimant: $ _____ Approved: _____ Director of Schools

Amended 03/11