

STATEMENT OF OFFICIAL TRAVEL

NAME OF CLAIMANT: _____

ADDRESS: _____

DATE OF TRAVEL	DESTINATION	MILES TRAVELED	TRAVEL PURPOSE

TOTAL MILES TRAVELED _____ @ \$.625 PER MILE = \$ _____

LODGING (original receipts attached) = \$ _____

MEALS (original receipts attached) = \$ _____

REGISTRATION (original receipts attached) = \$ _____

OTHER _____ (original receipts attached) = \$ _____

TOTAL CLAIM = \$ _____

SIGNATURE OF CLAIMANT

DATE

APPROVED
(Superintendent/Principal/Supervisor)

Rev7/1/2022