Cloverport Independent Schools - Travel Claim \ Reimbursement Form

Name: _____ Position: _____ Date: _____

Date	Purpose	From	To	Miles	Rate	Total	Meals			Room	Other	Total
							B-$8	L-$10	D-$18			
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
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					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
					0.45	$0.00						**$0.00**
				Total	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Grand Total**
				0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**

Attach Receipts When Over $2.00

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

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____