WARREN COUNTY SCHOOL SYSTEM

CLAIM FOR TRAVEL EXPENSES

****No Reimbursement for Meals on One Day Travel - Meals Only Reimbursed if You Spend the Night Out of Town****

Google Maps Round Trip Must be Attached. Fill in All Times and Places of Departure and Arrival.

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 __ plane __ bus**

***I hereby certify that this claim is true and correct:**

***Date: _____ *Claimant's Signature: _____*Claimant Printed name: _____**

***Claimant mailing address: _____*Position: _____**

All of Above Must be Completed

Amount Due Claimant: $ _____Approved: _____Director of Schools

Amended: 8/22/23