

**BOAZ CITY SCHOOLS
TRAVEL STATEMENT
(Effective January 1, 2024)**

Pay to: _____
Address: _____

Purpose of trip _____

Source of Funds to pay expenses:

Date	Points of Travel <small>(example: from Boaz to Gadsden and return)</small>	Auto Miles	*Hour of Departure	*Hour of Return

*Time needed for meal per diem calculation

Total for transportation: Total Miles _____ x _____ = \$ _____
(Mileage rate subject to change based on Code of Alabama 1975, Sec. 36-7-22)

Total Lodging (receipt required) _____

Total Meals (see Qualifications below)

Per Diem (list number of meals)		
Breakfasts @	Lunches @	Dinners @

(No meal shall be claimed if a meal is provided or offered)

Total Miscellaneous (receipt required) _____

Total Registration Fees (receipt required) _____

TOTAL EXPENSE CLAIM \$ _____

I certify that the above claim is made while performing official duties for the Boaz City Board of Education and that it is accurate to the best of my knowledge and belief.

Signed: _____

Dated: _____

Approved: _____
Supervisor/Principal/Superintendent/CSFO

Note: A copy of the meeting/conference agenda showing dates and location must be attached.

The qualifications for meal reimbursements are as follows:

Breakfast – leaving home before 7:00 a.m.

Lunch – leaving school/office by 11:00 a.m. and returning after 1:30 p.m.

Dinner – returning home from trip after 6:00 p.m.