

BELLEFONTAINE CITY SCHOOL DISTRICT  
CLAIM FOR **CERTIFIED** and **CLASSIFIED** TRAVEL EXPENSE

INSTRUCTIONS:

Parts I & II are to be completed by the claimant. Part III will be completed by the Superintendent/Designee. It will then be forwarded to the Business Office for processing and to the Treasurer's Office for payment. Claimant is to attach paid invoices for both private & commercial transportation, lodging, meals and registration expenses.

FORM MUST BE RETURNED TO CENTRAL OFFICE WITHIN 30 DAYS OF TRAVEL.

ALL RECEIPTS MUST BE ATTACHED.

Please type or print:

PART I

Name: \_\_\_\_\_ Date/s of Travel: \_\_\_\_\_

Name of Conference/Workshop: \_\_\_\_\_

City & State: \_\_\_\_\_

	PART II – EXPENSES – Attach All Applicable Receipts	LINE TOTAL
1.	Transportation, including taxi/public transit/airline	_____
2.	Mileage – private vehicle & parking _____ Miles @ 56 cents per mile / _____ parking	_____
3.	Lodging (hotel/motel) include business only telephone calls	_____
4.	Meals* (\$30/day on over-night meetings. Do not include tips.)	_____

Date	Breakfast	Lunch	Dinner

\*Include original meal receipt – no credit card receipt.

5. Registration Fees (Exclude membership fees) \_\_\_\_\_

TOTAL COST \_\_\_\_\_

MINUS ADVANCES \_\_\_\_\_

AMOUNT DUE CLAIMANT \_\_\_\_\_

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I certify that the amounts claimed as expenses include only the necessary costs actually expended for the benefit of the Bellefontaine City School District and does not include expenditures for the entertainment, and further that the amount claimed as total compensation is due for services rendered.

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Principal: \_\_\_\_\_

PART III – APPROVAL OF PAYMENT

Date: \_\_\_\_\_ Signature of Superintendent/Designee \_\_\_\_\_