# BRADLEY COUNTY SCHOOLS

**Name** ______________________________

## TRAVEL CLAIM REIMBURSEMENT FORM

**Address** ______________________________

______________________________

Time Period

______________________________ From ____________________ To ____________________

School/Station

**This claim must be prepared in accordance with travel regulations**

| | | | | | | | | **Meals and incidentals** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **DATE** | **PLACE LEFT** | **PLACE ARRIVED** | **MILES** | **MILEAGE @ .57** | **AIR TRAVEL** | **LODGING** | **RENTAL VEHICLES** | **Partial Days** | **Full Days** | **TOTAL** |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | **Other expenses - Itemize on Reverse Side** | | | | | |

PURPOSE: ______________________________ **AMOUNT DUE CLAIMANT** $0.00

______________________________

I hereby certify that this claim is in accordance with BCS Travel Policy:

______________________________
Claimant Signature Date

______________________________
Supervisor Approval Date