

HUMBOLDT COUNTY SCHOOL DISTRICT
SUBSTITUTE TEACHER
TRAVEL EXPENSE CLAIM FORM

EXPENSE CLAIM MUST BE SUBMITTED TO THE SUPERINTENDENT ON A MONTHLY BASIS.
CLAIMS FOR THE PRECEDING MONTH MUST BE RECEIVED BY THE 10TH OF EACH MONTH.
FAILURE TO MEET THIS DEADLINE WILL RESULT IN NON PAYMENT. NO EXCEPTIONS CAN BE MADE.

NAME _____

DESTINATION _____

DATE: _____

PERSONAL VEHICLE (by choice) _____ miles – 40 x .16 _____
(the first 40 miles of each rural trip are non-reimbursable)

Signature of Claimant _____

Approved By _____

(Please list each of the schools and the dates subbed for separately)

School/Date subbed _____

School/Date subbed _____

School/Date subbed _____

School/Date subbed _____

School/Date subbed _____