Revised 09/10/2026

STATEMENT OF OFFICAL TRAVEL

NAME OF CLAIMAINT: _____

ADDRESS: _____

DATE OF TRAVEL	DESTINATION	MILES TRAVELED	TRAVEL PURPOSE

TOTAL MILES TRAVELED_____@ $.76 PER MILE = $_____

LODGING (original receipts attached) = $_____

MEALS (original receipts attached) = $_____

REGISTRATION (original receipts attached) = $_____

OTHER _____ (original receipts attached) = $_____

TOTAL CLAIM = $_____

_____
SIGNATURE OF CLAIMENT

_____
DATE

_____
APPROVED
(Superintendent/Principal/Supervisor)