

STATEMENT OF OFFICIAL TRAVEL

NAME OF CLAIMANT: _____

ADDRESS: _____

DATE OF TRAVEL	DESTINATION	MILES TRAVELED	TRAVEL PURPOSE

TOTAL MILES TRAVELED _____ @ \$.67 PER MILE = \$ _____

LODGING (original receipts attached) = _____

MEALS (PER DIEM \$75.00 overnight travel - \$25.00 day travel - No Receipts Needed) = _____

REGISTRATION (original receipts attached) = _____

OTHER _____ (original receipts attached) = _____

TOTAL CLAIM = _____

SIGNATURE OF CLAIMANT

DATE:

APPROVED
(SUPERINTENDENT/ PRINCIPAL/ SUPERVISOR)