



SALMON RIVER CENTRAL SCHOOL DISTRICT

6161F.1

TRAVEL EXPENSE CLAIM FORM

Please attach all original and detailed receipts

Traveler's Name:		Date:	
Traveler's Home Address:		Budget Code:	
Destination: (City & State)		P.O. Number:	
Purpose of Trip:		Approval Date:	

Transportation/Mileage (Mileage rate/formula per Board Policy)					
Date	Description	From (origin)	To (destination)	Miles	Rate/Mile
TOTALS					\$

Meals (\$10-Breakfast, \$15-Lunch, \$35-Dinner; Day Maximum with itemized receipts)					
(\$6-Breakfast, \$9-Lunch, \$15-Dinner; Day Maximum without itemized receipts)					
Date	Vendor and Address (City/State)	Brkfst	Lunch	Dinner	Total
TOTALS		\$	\$	\$	\$

Miscellaneous			
Date	Description	Location (Name & Address)	Amount
TOTALS			\$

Notes (if any)

TOTALS	\$
GRAND TOTAL EXPENSES	\$
Less Cash Advance	
TOTAL TO BE REIMBURSED	\$

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the applicable Salmon River Central School District policies and procedures and that all items shown were for the official business of the District.

CLAIMANT'S SIGNATURE:		DATE:	
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