

CHILTON COUNTY BOARD OF EDUCATION

1705 Lay Dam Road
Clanton, Alabama 35045

TRAVEL EXPENSE CLAIM FORM

DATE _____

STATEMENT OF TRAVEL OF _____
(Name of Traveler)

IN CONNECTION WITH _____
(Type of service performed for the Chilton County Board of Education)

Reimbursement to be Paid From: Central Office Funds _____
Local School Funds _____

MILEAGE CLAIMED

DATE	FROM	TRAVEL TO	1-WAY MILES

TOTAL MILES = _____
MILEAGE REIMBURSEMENT DUE (MILES X RATE) = \$ _____

SUBSISTANCE CLAIMED

NOTE: All subsistence claims must be supported by documented receipts. Please attach to this form.

DATE	HOTEL AND MEALS *	OTHER*

TOTAL SUBSISTANCE REIMBURSEMENT DUE = \$ _____
TOTAL TRAVEL REIMBURSEMENT DUE = \$ _____

TRAVELER SIGNATURE: _____

By signing this form I certify that to the best of my knowledge and belief the above information is correct and an accurate reflection of the costs associated with my travel.

SIGNED: _____ APPROVED FOR PAYMENT: _____

PRINCIPAL/WORK SITE SUPERVISOR
SUPERINTENDENT/PRINCIPAL