HAMBLEN COUNTY BOARD OF EDUCATION REIMBURSEMENT CLAIM FOR TRAVEL EXPENSES

_____
For office use

FOR PERIOD FROM _____ TO _____ TITLE/DEPT/SCHOOL _____ PAGE _____ OF _____ PAGES

THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS. TYPE OR PREPARE IN INK. PRE-APPROVED LEAVE REQUEST MUST BE ATTACHED.

DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	TRANSPORTATION				SUBSISTENCE				OTHER EXPENSES	TOTAL	
					MILES	MILEAGE AMOUNT @ 47 cts.	AIRLINE/ OTHER	TAXI OR LIMO	LODGING	BREAK-FAST	LUNCH	DINNER	ITEMIZE, ATTACH RECEIPTS & EXPLAIN		
				TOTALS											

TOTAL AMOUNT DUE CLAIMANT $

TYPE OR PRINT COMPLETE
HOME ADDRESS:
NAME _____

ADDRESS _____

_____

I certify that this claim is true and correct.

_____
SIGNATURE DATE

ACTIVITY:
_____
_____
_____

ACCOUNTING CODE_____

_____
PRINCIPAL DATE

_____
SUPERVISOR DATE

_____
SUPERVISOR OF BUSINESS DATE

_____
DIRECTOR DATE