

# Franklin County Schools

2.804.11- Administrative Procedure

Per F C Finance Office

## Claim for Reimbursement for Expenses Incurred as a Result of Official, Approved Travel

| Invoice # (Finance Dept Use)  |            |           | Expense Line   |              |               |                             |                                     |
|-------------------------------|------------|-----------|----------------|--------------|---------------|-----------------------------|-------------------------------------|
|                               |            |           | Fund           | Dept         | Obj           | Cost Center (if applicable) | Sub Object/Sub Fund (if applicable) |
|                               |            |           |                |              |               |                             |                                     |
| Example                       |            |           | 141            | 72210        | 355           | Broad                       | 101                                 |
| Date                          | Place Left | Time Left | Placed Arrived | Time Arrived | Total Mileage | State Rate @<br>.47         | Total Claimed                       |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
|                               |            |           |                |              |               | \$ 0.47                     | \$ -                                |
| <b>Total to be reimbursed</b> |            |           |                |              |               | \$                          | -                                   |

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Signature of Supervisor Authorizing Travel

**Claims should be submitted within 30 days of travel**