GRAINGER COUNTY
DEPARTMENT OF EDUCATION
CLAIM FOR TRAVEL EXPENSES

PROJECT NO. _____

FOR PERIOD FROM _____ TO _____

ACCOUNT NO. _____

					TRANSPORTATION				SUBSISTENCE					
DATE	PLACE LEFT	TIME LEFT AM/PM	PLACE ARRIVED	TIME ARRIVED AM/PM	MILES	MILEAGE	AIRLINE & OTHER	Total Mileage	LODGING	BREAKFAST	LUNCH	DINNER	OTHER EXPENSES ITEMIZE, ATTACHING RECEIPTS & EXPLAIN	TOTAL
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
						0.46		$ -						$0.00
				TOTALS	0.00	0.46	-	$ -	-	-	-	-	-	$0.00
													Page Total	$0.00
												Page __1___ of __1___	Grand Total	

I hereby certify that this claim is true and correct: 1/19/2012

Print name SS# Position Signature of Claimant Date

Additional explanation of purpose:

Approved by:

Supervisor's Signature/Date Director's Signature/Date