

**Chilton County Board of Education**  
**1705 Lay Dam Road Clanton, Alabama 35045**  
**TRAVEL EXPENSE CLAIM FORM**

NAME (PRINT) \_\_\_\_\_ Date of Claim: \_\_\_\_\_

ADDRESS : \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

**PART 1: TRANSPORTATION**

Date	From:	TO:	Miles:	Round Trip (x):	Rate:	Amount:
					<b>TOTAL PART 1 Transportation</b>	\$

**PART 2: MEALS & LODGING (\$60.00 per diem including tip)**

Date	Location:	Lodging:	Breakfast:	Lunch:	Dinner:	Amount:
					<b>TOTAL PART 2 Meals &amp; Lodging</b>	\$

PART 3: MISCELLANEOUS EXPENSES		PART 4: TOTAL TRAVEL REIMBURSABLE	
Description of Expense	Amount:		
		Total Travel Expense (Part 1+Part 2+Part 3)	
		Less: Personal/Other Funding	
<b>TOTAL PART 3 MISC. Expenses</b>	\$	<b>TOTAL DUE TO TRAVELER</b>	\$

The following documents must be attached: Workshop Approval Form; agenda, brochure or some other form of documentation to substantiate need for travel; MapQuest; and signed, itemized, original receipts for all other allowable expenditures.

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.

\_\_\_\_\_  
 Signature of Traveler

\_\_\_\_\_  
 Approved: Principal/Supervisor

\_\_\_\_\_  
 Approved: Superintendent of Education

\_\_\_\_\_  
 Funding Account Code