COFFEE COUNTY BOARD OF EDUCATION
Travel Expense Claim – Outside System

This claim must be prepared in accordance with travel regulations.

Name: ________________________________
Position: ______________________________
Funding: __________ Appropriation: ________
Departure Date: ______________ Time: ________
Return Date: ______________ Time: ________
Conference: ______________________________ Location: ______________________________

<table>
<thead>
<tr>
<th>Receipt</th>
<th>Total</th>
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<tbody>
<tr>
<td>Attached</td>
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I. Transportation:
   a. Personal Car _____ Miles @ .46
   b. Airline (name) ______________________ (ticket stub required)
   c. Taxi, Parking, Car Rental, etc. __________________________ (receipt required)

II. Food:
   a. Breakfast ________ @ $12.00 maximum
   b. Lunch ________ @ $14.00 maximum (no receipts needed)
   c. Dinner ________ @ $25.00 maximum

III. Lodging:
   a. Hotel ______________________________ (receipt must show $0 balance)

IV. Registration:
   a. Organization ______________________________

Prepaid: ________ Receipt Required: ________

I certify that this claim is correct and was necessary for official duties.

Gross Total

Attendee Signature: ______________________________ Date: ______________________________

Project Supervisor’s Signature: ______________________________ Date: ______________________________

Return to Ashley Jones within 5 days after return from conference. Failure to supply all receipts and information on time will result in non-payment.

Director’s Signature: ______________________________ Date: ______________________________

07/01/07:ll