

**COFFEE COUNTY BOARD OF EDUCATION
Travel Expense Claim – Outside System**

Name Tag

This claim must be prepared in accordance with travel regulations.

Name: _____
 Position: _____ Funding: _____ Appropriation: _____
 Departure Date: _____ Time: _____ Return Date: _____ Time: _____
 Conference: _____ Location: _____

	Receipt Attached	Total
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:** _____