

CHICKASHA PUBLIC SCHOOLS CLAIM FOR TRAVEL EXPENDITURES

DATE OF TRIP	<input style="width: 95%;" type="text"/>	EMPLOYEE	<input style="width: 95%;" type="text"/>
SITE	<input style="width: 95%;" type="text"/>	GROUP	<input style="width: 95%;" type="text"/>
PURPOSE	<input style="width: 95%;" type="text"/>		
DEPARTURE TIME	<input style="width: 95%;" type="text"/>	DATE	<input style="width: 95%;" type="text"/>
RETURN TIME	<input style="width: 95%;" type="text"/>	DATE	<input style="width: 95%;" type="text"/>
TOTAL TIME	<input style="width: 95%;" type="text"/>		
DESTINATION	<input style="width: 95%;" type="text"/>		
MILEAGE OUT	<input style="width: 95%;" type="text"/>	MILEAGE IN	<input style="width: 95%;" type="text"/>
		TOTAL MILEAGE	<input style="width: 95%;" type="text"/>

List expenditures pertaining to this trip: *(receipts are required for lodging, registrations, toll fees and meals)*

Travel Expenses: (_____ @ IRS allowable rate)		\$	
Toll Fees		\$	
Lodging: (\$80.00 Per night limit)		\$	
Meals: (\$6.50 Breakfast; \$9.00 Lunch; \$10.50 Dinner per meal limit- Overnight trips will receive \$26 per day)		\$	
Registration		\$	
Miscellaneous: _____		\$	
TOTAL AMOUNT CLAIMED		\$	

SIGNATURE OF CLAIMANT

SIGNATURE OF SUPERVISOR

