

Cloverport Independent Schools - Travel Claim \ Reimbursement Form

Name: _____

Position: _____

Date: _____

Date	Purpose	From	To	Miles	Rate	Total	Meals			Room	Other	Total
							B-\$5	L-\$10	D-\$18			
					0.39	\$0.00						\$0.00
					0.39	\$0.00						\$0.00
					0.39	\$0.00						\$0.00
					0.39	\$0.00						\$0.00
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					0.39	\$0.00						\$0.00
					0.39	\$0.00						\$0.00
					0.39	\$0.00						\$0.00
					Total	Total	Total	Total	Total	Total	Total	Grand Total
					0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Attach Receipts When Over \$2.00

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Cloverport Board Of Education in the discharge of official business; that they are proper charges against the Board of Education; and that all dates furnished herewith are correct to the best of my knowledge.

Signed: _____

Date: _____

Approved: _____

Date: _____