Hawkins County Schools

Official Claim for Reimbursement for Travel Expenses (Effective 8/1/11)

Name: _____ **Vendor # _____**

School: _____ **Appropriation: _____**

For the Month of: _____

Date	Place Visited	Miles	Lodging	Breakfast	Lunch	Dinner	Other
Totals:							

Total Number of Miles Claimed: _____ $ .47 per mile for a total of: _____

Total Other Expenses Claimed: _____ Total Amount Claimed: _____

I certify the above to be a correct statement of my official mileage expenses for the month covered by this report.

Meals:

$ 6.00 - Breakfast

$ 8.00 - Lunch

$ 14.00 - Dinner

Signature of Claimant: _____

Supervisor: _____

Approved by: _____

Director of Schools