

TRAVEL CLAIM

FOR J4 REIMBURSEMENT ONLY:
 _____ Check if J4 applicable
 _____ Private Vehicle License
 _____ # Normal Work Hours

Name	Department
Street Address	Immediate Supervisor's Approval
City	Program Approval
Employee ID Number	

DAILY TRAVEL EXPENSE FOR PERIOD: From: _____ To: _____

Date	Destination: (Indicate "RT" if roundtrip) From To	Purpose	Total Miles	@ 65.5¢/Mile	Per Diem and Other Expenses	Line Total
TOTALS						

FD (##)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	FC (####)	DD (####)	Amount

Side 1 – Daily Travel _____

Side 2 – Conference Exp _____

Side 2 – Other Exp _____

TOTAL CLAIM _____

I hereby certify that the above claim covers travel for official County Office of Education business.

 Claimant's Signature

 Superintendent's or Designee's Signature

I certify that the total for meals claimed on this form does not exceed the maximum allowed per day of \$59.00 and is claimed in accordance with Travel Reimbursement and Policy Regulations.

Effective OCT 1 2021: MAX became \$59.00.

ITEMIZED CONFERENCE TRAVEL EXPENSES

(To be completed for each event)

Event _____

Location _____

Date	Sunday /	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /	Saturday /	Line Total
M&IE per diem								
<input type="checkbox"/> I am claiming actual meal expenses, which are less than the allotted per diem amounts.								
Lodging								
Mileage								
Air Fare								
Car Rental/Taxi								
Miscellaneous* (i.e. Tolls/Parking)								
Other*								
Other*								
TOTALS								

NON-TRAVEL RELATED EXPENSES

Date	Purpose/Event	Description of Purchase	Amount

FD (##)	RS (####)	Y (#)	OBJ (####)	SCH (###)	GL (####)	FC (####)	DD (####)	Amount

* Explanation Required:
