TRAVEL CLAIM FORM

MONTH_____ SCHOOL YEAR_____

DATE	DESTINATION	PURPOSE OF TRIP	MILES TRAVELED

TOTAL MILES TRAVELED _____ X **0.655** (1/1/2023) = _____

ACCOUNT NO: _____

I CERTIFY THAT THE ABOVE IS A TRUE AND ACCURATE REPORT OF MY TRAVEL INCURRED IN CONNECTION WITH SCHOOL BUSINESS.

_____ _____ _____

Signature Print Name Date

January 1, 2023