

TRAVEL CLAIM

MONTH _____

SCHOOL YEAR _____

DATE

DESTINATION

PURPOSE OF TRIP

MILES TRAVELED

TOTAL MILES TRAVELED _____ X **0.67** (1/1/2024) = _____

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, 2024