JOHNSON COUNTY BOARD OF EDUCATION
CLAIM FOR TRAVEL EXPENSES

FOR PERIOD: FROM _____ TO _____

(This claim must be prepared in accordance with travel regulations.)

DATE	PLACE LEFT	TIME LEFT am/pm	PLACE ARRIVED	TIME ARRIVED am/pm	TRANSPORTATION MILES	MILEAGE AMOUNT	AIRLINE & OTHER	TAXI OR LIMOUSINE	SUBSISTENCE LODGING	BRKFST	LUNCH	DINNER	OTHER EXPENSES ITEMIZE, ATTACH RECEIPTS & EXPLAIN	TOTAL
				TOTALS										

GROSS AMOUNT OF CLAIM $ _____

LESS TEMP TRAVEL ADVANCE, CONTROL NO. _____ $ _____

AMOUNT DUE CLAIMANT $ _____

AMOUNT DUE STATE $ _____

PLEASE TYPE OR PRINT COMPLETE HOME ADDRESS:

NAME: _____

ADDRESS: _____

_____

ADDITIONAL EXPLANATON OR PURPOSE:

_____

_____

_____

I hereby certify that each claim is true, correct, and incurred in the performance of my official duties.

_____
Signature of Claimant

_____
Position/Department Date

_____

MILEAGE CHART FROM CENTRAL OFFICE TO:	
DOE	7.5 MILES
LAUREL	8.0 MILES
MTN CITY	0.2 MILES
ROAN CREEK	6.0 MILES
SHADY	12.0 MILES
ESC	2.6 MILES
BUS GARAGE	2.5 MILES
HS COMPLEX	0.4 MILES

15-Feb-06