

EXPENSE ACCOUNT CLAIM FORM

NAME: _____
(Please Print or Type)

<u>DATE</u>	<u>LOCATION (From & To)</u>	<u>REASON</u>	<u>NUMBER OF MILES DRIVEN</u>	<u>CHECK IF USED SCHOOL VEHICLE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL MILES _____

AT IRS RATE \$ _____

*MEALS (Initial each ticket & attach to claim form) \$ _____

*LODGING (Initial each ticket & attach to claim form) \$ _____

*MISCELLANEOUS (Parking-Turnpike-Fees, etc.
Initial each ticket & attach to claim form)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL CLAIMED \$ _____

DATE: _____

SIGNATURE: _____