

Fentress County Board of Education Claim for Travel Expenses

For Period _____ to _____

This claim must be prepared in accordance with travel regulations.

Please sign all receipts from trip.

Date	Place Left	Time left AM/PM	Place Arrived	Time Arrived AM/PM	Transportation					Subsistence				Other Expenses	Total
					miles	Mileage amount	Airline/ other	Taxi or Limo	Lodging	Breakfast	Lunch	Dinner	Itemized, Attach Receipts and Explanation		
Totals															
													Gross Total	\$	

Complete Home Address: _____

Additional Explanation: _____

I certify that this claim is true and correct.

Signature: _____

Date: _____

Approved by: _____

Date: _____

FUND: _____

State sponsored? Y N (circle one)

If yes, please indicate number of FULL meals provided: ____ Breakfast ____ Lunch ____ Dinner