

Columbus Grove Local Schools

Reimbursement Travel Expense Voucher CLAIM FORM

Employee Name _____

Title (Sponsor) of Meeting _____

Destination _____ Date(s) _____

If paying for more than one person please list names _____

Date	SUN.	MON.	TUES.	WED.	THUR.	FRI.	SAT.	Total
	Breakfast	\$	\$	\$	\$	\$	\$	
Lunch	\$	\$	\$	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$	\$	\$	\$
NOTE: \$43.00 is the maxium daily combined meal claim, but only if an overnight stay is involved								
Hotel/Motel	\$	\$	\$	\$	\$	\$	\$	\$
# of Miles								
Miles x \$0.46	\$	\$	\$	\$	\$	\$	\$	\$
Parking	\$	\$	\$	\$	\$	\$	\$	\$
Other Explanation	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$

Grand Total

Receipts for all above expenditures (except mileage) must accompany this form.

An approved requisition must be completed before submitting this claim for reimbursement.

Employee Signature _____

Date _____

Approval - Principal* _____

Date _____

Approval - Supt.** _____

Date _____

*If you report to a Principal.

**If you report to the Superintendent.