WARREN COUNTY SCHOOL SYSTEM
CLAIM FOR TRAVELING EXPENSES

For Period from _____ to _____
This claim must be prepared in accordance with school system travel regulations.

Date	Place left	Time left	Place arrived	Time arrived	# Miles

***Purpose of trip**
_____
***Method of travel (check one): _____staff car; _____ personal car; _____ bus; _____ plane**
***I hereby certify that this claim is true and correct:**
***Date _____**
***Claimant Signature _____ *Position _____**
***Claimant Printed Signature _____ *Must be completed**
***Claimant Mailing Address _____**
_____

Approved: _____ Director of Schools Amount Due Claimant $_____

Amended 03/11