

**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 \$** _____

