Bradford Special School District
P. O. Box 220, Bradford, TN 38316
Phone (731) 742–3180
Fax (731) 742–3994

# CLAIM FOR TRAVELING EXPENSE

| TRANSPORTATION | | | | | SUBSISTENCE | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date | Place Left | Place Arrived | Miles $.50 | Amount | *Breakfast $10.00 | *Lunch $15.00 | *Dinner $25.00 | Other | Total |
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Purpose of Trip:

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Please attach receipts for lodging.

*Per IRS Guidelines meals will only be reimbursed for overnight travel

I hereby certify that this claim is true and complete:

_____

Claimant (Check Payable to)

_____

Position

Form BSSD-1