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

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

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

_____

Supervisor Approval Signature