



MASSENA CENTRAL SCHOOL DISTRICT

TRAVEL EXPENSE CLAIM FORM

Please attach all original and detailed receipts

Traveler's Name:		Date:	
Traveler's Home Address:		Budget Code:	
Destination: (City & State)		P.O. Number:	
Purpose of Trip:		Approval Date:	

Transportation/Mileage					
Date	Description	From (origin)	To (destination)	Miles	\$.545/Mile
TOTALS					\$

Meals (\$60/Day Maximum)					
Date	Name and Address (City & State)	Brkfst	Lunch	Dinner	Total
TOTALS		\$	\$	\$	\$

Miscellaneous			
Date	Description	Location (Name & Address)	Amount
TOTALS			\$

Notes (if any)

GRAND TOTAL EXPENSES	\$
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I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the applicable Massena Central School District policies and procedures and that all items shown were for the official business of the District.

CLAIMANT'S SIGNATURE:		DATE:	
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PLEASE RETAIN A COPY FOR YOUR RECORDS	APPROVALS:	
	Principal/Director	
	Business Administrator	