

**STEWARTVILLE PUBLIC SCHOOLS
Personal Travel Expense Claim Form**

Name _____

Address _____

RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES

MEAL LIMITS: Breakfast/Lunch-\$25.00 Combined; Dinner-\$25.00

AUTOMOBILE TRAVEL					MEALS			OTHER EXPENSES	
DATE	PURPOSE OF TRIP	FROM	TO	Mileage	B	L	D	Cost	Description
TOTALS									

School Car Available: ____ yes ____ no

If school car is available, mileage reimbursement will be one-half of mileage submitted.

MILEAGE: _____ Miles x 67 cents.....\$ _____

MEALS.....\$ _____

OTHER EXPENSE.....\$ _____

TOTAL DUE.....\$ _____

I hereby certify that the expenses claimed are actual and that no other payment has been received nor will be claimed for same expenses.

Approved:

Principal Date

Business Office Approval Date

Signed: _____

Date: _____

Code Number: _____

Updated 1/1/24