

TRAVEL CLAIM

NAME: _____

POSITION _____

MONTH ENDING _____

DATE	FROM	TO	PURPOSE	PRIVATE AUTO		TOLL	MEALS (See page 2)			MEAL TIPS			
				MILES	AMOUNT		B	L	D		ROOM	OTHER	TOTAL

TOTALS

Meals

Breakfast
Lunch
Dinner

Normal

\$107.00 plus tip (1845%)
\$158.00 plus tip (1845%)
\$2545.00 plus tip (1845%)
Delivery fee up to \$10

OR Daily Total of \$5030.00

High-Rate Area

Breakfast \$1540.00 plus tip (1845%)
Lunch \$2545.00 plus tip (1845%)
Dinner \$3525.00 plus tip (1845%)
Delivery fee up to \$10

Daily Total of \$7550.00

I hereby certify that all items of expense included in the above statement were incurred by an employee of the Berea Independent Board of Education in the discharge of official business; that they are proper charges against the Berea Independent Board of Education; and that all data furnished herewith are true and correct to the best of my knowledge. **Expense receipts must be itemized. A credit card receipt is not reimbursable with itemization.** An overnight stay is required to claim meals.

Purchase Order Number: _____

Signed: _____

Date: _____

Approved _____

Date: _____

Employee's Signature

Date

Signature of Superintendent/designee

Date