



**CLAIM FOR TRAVELING EXPENSE- USING RENTAL CAR  
ELIZABETHTON CITY SCHOOLS**



Date	Place Left	Place Arrived	SUBSISTENCE				OTHER		DAILY TOTAL
			Lodging	Breakfast \$6.00	Lunch \$12.00	Dinner \$16.00	Itemize	Explain	
<b>TOTAL</b>									

**Travel claim must be typed or completed in ink. Please attach applicable receipts or a written statement if a receipt is not available.**

Purpose of Travel \_\_\_\_\_

Vendor Number \_\_\_\_\_ Amount: \_\_\_\_\_

I hereby certify that this claim is true and correct:

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

Approved for Payment:

\_\_\_\_\_  
Director of Finance

\_\_\_\_\_  
Director of Schools

\_\_\_\_\_  
Date