

# Bibb County Board of Education

## TRAVEL CLAIM FORM

Date: \_\_\_\_\_

<b>Employee Name:</b>	
<b>Social Security #</b>	
<b>Current Address:</b>	

<b>School/ Department</b>
<b>Purpose of Travel</b>
<b>Location of Travel (City,State)</b>

**ENTER DATE(S) AND ITEMIZE STATEMENT.**

**\*AGENDA MUST BE ATTACHED\***

DATE(S)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
	*LODGING							
TRAVEL- Miles								
@ \$.50/mile								
*MEALS								
Breakfast								
Lunch								
Dinner								
*BUSINESS CALLS								
*TIPS-GRATUITIES								
*REGISTRATION								
*TAXI								
*PARKING								
*OTHER _____								
TOTAL								

**\* ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED FOR THESE ITEMS**

<b>TOTAL AMOUNT DUE TRAVELER/EMPLOYEE</b>
-------------------------------------------

*\*Approval by principal is required for funds that are allocated to the school even if payment is made at the central office.*

**\* Principal's Approval:**

I approve the claim for payment above. These activities are included in the school's program plan and/or program budget.

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Principal                      Date**

**Approval for payment noted above:**

I hereby certify that the travel and expenses indicated hereon were accomplished in the performance of official duties pursuant to travel authority granted me.

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Traveler/Employee                      Date**

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Superintendent                      Date**

**INDICATE SOURCE OF FUNDING:**

- |                                       |                                           |                                         |
|---------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> Title VI         | <input type="checkbox"/> Safe&Drug Free |
| <input type="checkbox"/> Title I      | <input type="checkbox"/> IDEA - B         | <input type="checkbox"/> Federal Voc.   |
| <input type="checkbox"/> Title II     | <input type="checkbox"/> State Prof. Dev. | <input type="checkbox"/> Other _____    |