

POLK COUNTY SCHOOLS

Claim for OUT-OF-COUNTY *Traveling Expenses*

For Period From: _____ To: _____

Date	Place Left	Place arrived	Purpose of Travel	Number of Miles	Mileage Amount	Total Mileage	Food Expenses \$14.00 per day	Other expenses (Itemize and explain)	Total
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
					0.45	-			-
Grand Totals						-	-		-

Signature of Claimant

Position

Date

Date Paid:	
Amount:	
Warrant #:	

APPROVED:

Superintendent/
Supervisor

Date

NOTE: OUT-OF-COUNTY TRAVEL MUST HAVE PRIOR APPROVAL