

Claimant

School

11

<i>MM/DD/YY</i>	<i>Destination & Purpose:</i>	<i>Klm:</i>	<i>Rate:</i>	<i>Total:</i>
	Total:			

Expense Claim

[illegible]**Account Code:**

Signature of Claimant

Signature of Authorized Personnel

***Breakfast: if you leave your school community before 7:00 a.m.**

***Supper: if you return to your school community after 7:00 p.m.**