TRAVEL REIMBURSEMENT
EXHIBIT C

PUTNAM COUNTY BOARD OF EDUCATION
CLAIM FOR OVERNIGHT TRAVEL EXPENSES

Traveler's Name: ______________________

Event: ______________________

Date(s): ______________________

DATE *(mo/day/yr)*	TIME *(Hour and am/pm)*	DESCRIPTION *(Departure/arrival city or other explanation of expenses)*	ITEMIZED SUBSISTENCE EXPENSES					*Mileage Rate .32 per mile*	AMOUNT CLAIMED		
			MEALS *(maximum $28 per day)*				Lodging				Other
			Breakfast	Lunch	Dinner	TOTAL	*(Atch Rcpt)*	No. of Miles	Mileage	Subsistence	*(Attach Receipts)*
							SUBTOTALS		$	$	$
							TOTAL AMOUNT CLAIMED				$

Charge to Account ______________

____
Claimant's Signature

______________________ SSN

______________________ Address

______________________ Address

____
Supervisor — Date

____
Superintendent — Date

Revised 4/11/00