

WARNER PUBLIC SCHOOL  
CLAIM FOR TRAVEL EXPENSES

NAME AND TITLE \_\_\_\_\_

WORK SITE : HS \_\_\_\_\_, ES \_\_\_\_\_ SUPT OFFICE \_\_\_\_\_, LUNCH ROOM \_\_\_\_\_ OTHER \_\_\_\_\_

METHOD OF TRAVEL: **SV**-School/Organization Vehicle, \_\_\_\_\_ **PC**- Private Car \_\_\_\_\_ **Other** \_\_\_\_\_

Date ---- ---	Purpose of Trip (where, Why )	Time Depart./return	OD reading Depart- Return--- ----	Tools/ Parking	Total Trans Cost -----
Date	Meals B-fast   Lunch   Dinner	Lodging Cost per Room	Number of Rooms		Total Lodging
				Total Claim:	

Claimant: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

**\*\*\* Meals and lodging will only be paid for overnight trips, or working lunch or dinner, in which chase, documentation of the meeting agenda will be required.**