

**TRAVEL AND EXPENSE CLAIM FORM**  
AMBOY COMMUNITY UNIT SCHOOL DISTRICT 272

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

DATE	DESTINATION AND EXPLANATION	TOTAL MILES	OTHER EXPENSE

TOTAL MILES \_\_\_\_\_

TOTAL AMOUNT DUE FOR MILEAGE @ 54 CENTS PER MILE \_\_\_\_\_

TOTAL AMOUNT DUE FOR OTHER EXPENSE \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

APPROVED BY \_\_\_\_\_