

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 @ .56 CENTS PER MILE _____

TOTAL AMOUNT DUE FOR OTHER EXPENSE _____

TOTAL AMOUNT DUE _____

SIGNATURE _____

APPROVED BY _____