

JENKINS INDEPENDENT SCHOOLS
MILEAGE - SUBSISTENCE
CLAIM REPORT

Date	# Miles traveled per trip or day	Amount per mile	Total Amount for mileage	Tolls or Parking	Breakfast	Lunch	Dinner	Amount for lodging	Amount for registration	Total	Place Visited and purpose
TOTAL											\$

SIGNATURE: _____

TITLE: _____

DATE: _____

APPROVED FOR PAYMENT _____ CHARGE TO CODE: _____