

**TRAVEL BY PRIVATELY OWNED VEHICLE WHEN SCHOOL VEHICLE IS NOT AVAILABLE**

**OTHER EXPENSES  
(ATTACH RECEIPTS)**

**BREAKFAST**

## LUNCH

## DINNER

[illegible]

WHEN REQUESTING REIMBURSEMENT FOR MEALS OTHER THAN YOUR OWN, PLEASE LIST NAME(S) IN THE SPACE BELOW:

NAME OF TRAVELER: \_\_\_\_\_

SIGNATURE OF TRAVELER \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

SIGNATURE OF PRINCIPAL/SUPERVISOR \_\_\_\_\_ CENTRAL OFFICE APPROVAL \_\_\_\_\_

DELIVER CHECK TO: \_\_\_\_\_

MILEAGE	_____
OTHER	_____
MEALS	_____
TOTAL	\$ _____