

**TRAVEL REIMBURSEMENT**

**CLOPTON**

| DATE | PURPOSE | MILEAGE | MEALS | LODGING | OTHER |
|------|---------|---------|-------|---------|-------|
|      |         |         |       |         |       |
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|      |         |         |       |         |       |

Backup receipts for meals, lodging and other MUST accompany this report for payment. All travel must be approved in advance by the building level administrator.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bldg. Level Admin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date

Miles x .48 \_\_\_\_\_

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Other \_\_\_\_\_