

**MACON COUNTY SCHOOL SYSTEM**  
**CLAIM FOR REIMBURSEMENT FOR EXPENSES**  
**INCURRED IN OFFICIAL TRAVEL**

\$0.47 per mile

For Period From \_\_\_\_\_ to \_\_\_\_\_

\$25 per diem for  
Overnight trips only  
(No receipts required)

\*Attached receipts to claim form

Room charges require prior  
approval and additional  
documentations\*

Date	Place to Which Traveled and Purpose	Number of Miles	Other Expenses (Itemize and Explain)

*I hereby certify to the correctness of each item of official travel, that it was actually incurred in the performance of official duties, and that said items have received prior authorization.*

\_\_\_\_\_  
*Authorized By*

\_\_\_\_\_  
*Claimant's PRINTED Name*

In Compliance with Chapter 0620-1-1  
Comprehensive Travel Regulations,  
Department of Finance and Administration

\_\_\_\_\_  
*Claimant's Signature*

Address: \_\_\_\_\_

Position: \_\_\_\_\_