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

**\$0.62** per mile

| For Period F   | rom to  |   |   |  |
|--|---|---|---|--|
| \$25 per diem for<br>Overnight trips only<br>(No receipts required)  | *Attached receipts to claim form  | Room charges requapproval and addit documentations* |   |  |
| Date   | Place to Which Traveled and Purpose   | Number of<br>Miles                                  | Other Expenses<br>(Itemize and Explain) |  |
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|  | ectness of each item of official travel, that it was actual<br>d items have received prior authorization. | ly incurred in the performance                      | e of                                    |  |
| Autorized By  In Compliance with Chapter 0620-1-1  Comprehensive Travel Regulations,  Department of Finance and Administration |   | Claimant's PRINTED Name                             |   |  |
|  |   |   | Claimant's Signature  Address:          |  |
|  |   |   |   |  |
|  |   | School Location:                                    | School Location:                        |  |