

Cleveland City Schools Claim for Traveling Expense

Name: _____

School _____

Position: _____

Current Date _____

Title of Event: _____

Date of Event: _____

- | | |
|---|----------|
| • Destination _____ | Subtotal |
| # Miles _____ @ \$.47 = | _____ |
| • Lodging (by receipt) | _____ |
| • Meals
First & last days @ 75% of per diem PLUS
remaining days X per diem | _____ |
| Per diems: | |
| Out of state locations: www.gsa.gov/portal/category/100120 | |
| Inside the state: See State of Tennessee Standard Rates
(see changes to meal rates at: www.gsa.gov/portal/content/101518) | |
| • Other (explain and attach receipt) | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL _____

***Please send completed form to the Supervisor Responsible for Payment, not the Business Office.**

For Office Use Only

Account charged to: _____

Approved by: _____

Supervisor's Signature

Date