

**APPENDIX B - TRAVEL CLAIM—**  
**DELHI UNIFIED SCHOOL DISTRICT**

Name: \_\_\_\_\_

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

Or check here to send to School Site

**Transportation**

Private car: (Detail trips on back of form)

\_\_\_\_ Miles @ 65.5 cents/mile (1/1/23) \$

**Other Transportation: list type (attach receipts)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Meals when traveling overnight (No receipts required when using Standard Rate):**

Departure Date \_\_\_\_\_, \$49 x 1 day \$ \_\_\_\_\_  
Return Date \_\_\_\_\_, \$49 x 1 day \$ \_\_\_\_\_  
Other Dates \_\_\_\_\_, \$66 x \_\_\_\_ days \$ \_\_\_\_\_

**Business and Conference Meals (receipt required):**

List Business: \_\_\_\_\_, \$30 Limit/day \$ \_\_\_\_\_  
List Business: \_\_\_\_\_, \$30 Limit/day \$ \_\_\_\_\_

**Lodging (attach receipts):**

Date(s) \$ \_\_\_\_\_

**Miscellaneous (attach receipts):**

Registration Fees \$ \_\_\_\_\_  
Parking Fees \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Expenses \$

I certify that above claim to be a true and accurate account of expenditures.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved for Payment (Supervisor)

