CLAIM FOR REIMBURSEMENT FOR MEALS, ETC.
HARDEMAN COUNTY BOARD OF EDUCATION
Donald L. Hopper, Ph. D., Director of Schools
10815 Old Highway 64-- P.O. Box 112
Bolivar, Tennessee 38008

To be filed with your statement of Official Travel Claim Form

NAME: _____ MONTH: _____ YEAR: 2011

Date	Place Left	Time Left AM/PM	Place Arrived	Time Arrived AM/PM	Subsistence				Gas	Parking	TOTAL
					*Lodging	Breakfast	Lunch	Dinner	Other Expenses Attach Receipts		
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
				Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
										Gross Total	**$0.00**

Deduct Payment from:

General Purpose _____
Title I _____
Title II _____
Title IV _____
Carl Perkins _____
IDEA _____
Other _____

An overnight trip is required to claim reimbursement for meals.
The following rates are allowed:
Breakfast $ 6.00
Lunch $ 8.00
Dinner $14.00
*Hotel or Motel Receipts must be attached

Claimant _____
Signature / Date

Name of School _____

Approved _____
Principal or Immediate Supervisor/Date

Approved _____
Department Director /Date

Approved _____
Director of Finance /Date

Revised 1-2007

Please submit to Payroll