

WIRT COUNTY SCHOOLS
CLAIM FOR TRAVEL REIMBURSEMENT
HOME/HOSPITAL INSTRUCTION

PERSON CLAIMING REIMBURSEMENT: _____

Date:	Name of Student:	From:	To:	Round Trip?	Total Miles:	Amount for Travel:
Total:						

I certify that these costs incurred were in connection with my assigned duties, are true, accurate and actual, and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source.

I certify that I have personally examined the expenses and approve the expenses as reasonable in accordance to the assigned duties of the traveler.

Traveler's Signature
Date
Supervisor's Signature
Date