

BOLD Schools
I.S.D. #2534
District Office
701 S. 9th Street
Olivia, MN 56277

TRAVEL, MEAL ALLOWANCE, & MISCELLANEOUS CLAIM FORM

Claimant Name: _____ Date: _____

Address: _____ MN _____
(Street Address) (City) (Zip)

TRAVEL CLAIM: \$.58 per mile – Effective January 1, 2019

Mileage will be compared to Mapquest's statement of mileage. Claimed mileage that is greater than Mapquest MUST BE accompanied by a statement from the claimant explaining the additional mileage.

<u>DATE:</u>	<u>PLACE:</u>	<u>DESCRIPTION:</u>	<u>MILEAGE:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MILES: _____ AMOUNT CLAIMED: \$ _____

MISCELLANEOUS/MEAL CLAIMS

Meal reimbursement allowance is \$13.00 for ½ day and up to \$39.00 for a full day. *Receipts must accompany payment request.*

<u>DATE:</u>	<u>DESCRIPTION:</u>	<u>AMOUNT:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MISC. AMOUNT CLAIMED: \$ _____

TOTAL CLAIM (TRAVEL + MISC.): \$ _____

ALL CLAIMS MUST BE APPROVED BY BOTH SUPERVISOR & SUPERINTENDENT

Supervisor in Charge Signature

Claimant Signature

Superintendent Signature

Budget Code

Revised 1/19