

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: \$.67 per mile – Effective January 1, 2024

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.

DATE:	PLACE:	DESCRIPTION:	MILEAGE:
-------	--------	--------------	----------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MILES: _____ AMOUNT CLAIMED: \$ _____

MISCELLANEOUS/MEAL CLAIMS

Meal reimbursement allowance is \$30.00 for ½ day and up to \$60.00 for a full day. **Receipts must accompany payment requests. Tax and tips are not reimbursable expenses.**

DATE:	DESCRIPTION:	AMOUNT:
-------	--------------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MISC. AMOUNT CLAIMED: \$ _____

x

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

ALL CLAIMS MUST BE APPROVED BY BOTH SUPERVISOR & SUPERINTENDENT

Supervisor in Charge Signature

Claimant Signature

Superintendent Signature

Budget Code

Revised 1/24