

SCOTTSBORO CITY SCHOOLS
TRAVEL STATEMENT
(Effective January 1, 2017)

Pay to: _____

Address: _____

Purpose of trip _____

Source of Funds to pay expenses:

Date	From	To	Auto Miles	*Hour of Departure	*Hour of Return

*Time needed for meal per diem calculation _____

Total for transportation (.535 x miles) _____ \$ _____
(Mileage rate subject to change based on Code of Alabama 1975, Sec. 36-7-22)

Total Lodging (receipt required) _____

Total Meals (see Qualifications below) _____

Per Diem (list number of meals)		
Breakfast (\$7)	Lunch (\$10)	Dinner (\$20)

(No meal can be claimed if a meal is provided or offered)

Total Miscellaneous (receipt required) _____

Total Registration Fees (receipt required) _____

TOTAL EXPENSE CLAIM \$ _____

I certify that the above claim is made while performing official duties for the Scottsboro City Board of Education and that it is accurate to my best knowledge and belief.

Signed: _____

Dated: _____

Approved: _____

Superintendent/Principal/Chief School Finance Officer

The qualification for meal reimbursements are as follows:

Breakfast – leaving home before 7:00 a.m.

Lunch – leaving school/office by 11:00 a.m. and returning after 1:30 p.m.

Dinner – returning home from trip after 6:00 p.m.

Board Approved: August 4, 2008