

CLAIM FORM FOR TRAVEL REIMBURSEMENT

Little Rock School District

PULASKI COUNTY ONLY

Page _____ of _____

Date: _____

Vendor Code # _____

 Print Full Name Social Security # Home Base School & Position

 Home Address City Zip Code

The travel form is **due** in the Business Office by the **second of each month**. Forms must be filled in completely for payment.

Department or school secretaries are to complete codes for payment. Forms received in the Business Office without being coded will be returned to your department or school.

ACCOUNT CODES					
Budget Unit					Account(5)
Fund (4)	Function (4)	Location(3)	Pgm Code(3)	Subject(2)	

	Date	From	To	Miles Traveled
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I certify that the above travel log is true and accurate.

Total miles this page _____

 Signed

 Total miles

X .42cents per mile = _____

Amount Due

 Signature of Principal / Supervisor