		AGE EXPENSE CLA	AIM		INS:	
F	OR PERIOD:		-		AMOUNT	
AME:			DT#		АР ТҮРЕ	
CITY:	STATE:		ZIP:	HOLD (CHECK FOR PICK UP	
ACCOUNT NUMBER:				PHON	E NUMBER:	
DATE(S)	DESTINATION TO		MILES TRAVELED	PUR	PURPOSE OF TRIP	
PER BOARD POLICY 7400 "Completed Claim shall be submittedwithin five working days after the completed in-district trip(s) or five working days after the last day of the month."		TOTAL MILEAGE		I CERTIFY THE ABOVE CLAIM TO BE A TRUE AND ACCURATE ACCOUNT OF EXPENDITURES FOR THE PERIOD INDICATED.		
		RATE PER MILE TOTAL MILEAGE EXP.				
			CLAIMANT'S SIGNATURE			
MANAGER'S APPROVAL			-	V.P./PF	RESIDENT'S APPROVAL	
DEAN'S APPROVAL			<u>-</u>	F	ISCAL APPROVAL	

FISCAL SERVICES USE ONLY