ADAIR COUNTY BOARD OF EDUCATION
TRAVEL FORM

NAME:_____ **DATE OF CLAIM:**_____

TOTAL MILES:_____ **TOLLS, MEALS, ETC.:**_____ **AMOUNT OF CHECK:**_____

DATE	FROM	TO	PURPOSE	TOTAL MILES	TOLLS PARKING	ROOM OTHER	MEALS BREAK	MEALS LUNCH	MEALS DINNER
			TOTALS						
			TOTAL MILES X $.33						
			PER MILE						
			TOTALS						

****ALLOWANCE FOR MEALS****

BREAKFAST $8.00 PER DAY
LUNCH $9.00 PER DAY
SUPPER $13.00 PER DAY
TOTAL $30.00 PER DAY

****ALLOWANCE FOR HOTEL ROOMS****
$125.00 PER NIGHT

EMPLOYEE'S SIGNATURE:_____

DATE:_____

GRAND TOTAL _____

SUPERVISOR'S SIGNATURE:_____

DATE:_____

ORG	OBJECT	PROJECT	AMOUNT

ALLOWABLE MILEAGE RATES

GLASGOW - 40		LEXINGTON - 100	BOWLING GREEN - 75	GRREC - 65	
SOMERSET - 42		LOUISVILLE - 100	ELIZABETHTOWN - 60		
RICHMOND - 100		FRANKFORT - 100	LONDON - 75		