

BESSEMER CITY BOARD OF EDUCATION

CLAIM FOR REIMBURSEMENT

(Please print or type)

NAME _____

DATE(S) _____

EDUCATIONAL PURPOSE _____

RELATIONSHIP TO BESSEMER BOARD _____

NAME OF SCHOOL/DEPT. _____

Transportation Expenses

From _____
 To _____ and return
 _____ miles at \$.565 per mile= \$ _____
 air fare= \$ _____

Daily Expenses

Date	Lodging	Breakfast	Lunch	Dinner	Total

Total daily expenses= \$ _____

Other Expenses (itemize)

Amount(s)

Total other expenses= \$ _____

Grand total expenses= \$ _____

Less expenses paid directly by board= \$(_____)

Expenses to be reimbursed= \$ _____

I certify that the above is a true and accurate account of my expenses and will not be reimbursed by any other source.

Employee's Signature _____ Supervisor's Signature _____

******* RECEIPTS FOR EXPENSES MUST BE PROVIDED *******

For Office Use Only

Fund Type	Account Type	Account Code	Object Code	Cost Center	Fund Source	Approp Year	Program Code	Special Use	Amount
XX	X	XXXX	XXX	XXXX	XXXX	X	XXXX	XXXX	