REGION ONE
ROUTINE TRAVEL & MISCELLANEOUS EXPENSE CLAIM

(submit approved copy to the Business Office)

Employee: _____

Unit: ☐ HVRHS
☐ Pupil Services
☐ RSSC

I hereby request reimbursement for the expenses listed below and certify that these expenses were incurred in the performance of my Region One duties.

Signature: _____

For the Month of: _____, 199__

Submitted: ____/____/9__

Date	Trip Description	Trip Mileage	Tolls & Parking	Other Expense	Other Expense Description
	Total Mileage Driven:				
	Current IRS rate per mile:				Total Claim (add total dollars across) :
	Total Dollars:				$

APPROVALS:

_____ Department Head _____ Date _____ Unit Head _____ Date

9/1/95