

Monthly Travel Expense Claim

Form C-2
Revised 1/1/22
ISD #318

Vendor No. _____

Pay To:
Name &
Address

	Expense Code	Amount
Coded By:		Total:

Date Mo/Day/Year	From	To	Purpose	Miles	Other Exp.

I hereby declare under penalties of law that this claim is just and correct and that no part of it has been paid prior.

Signature of Employee

Date

Total Miles		
Rate per Mile		
Total Mileage Expense		
Total Other Expenses		
Total Reimbursement Claimed		

Signature of Principal/Athletic Director/Other

Date

Signature of District Administrator

Date