

City of Claremont

Claim for Travel Expenses

Name of Traveler:								
Destination:								
Beginning Date:					Ending Date:			
Odometer Reading-Beginning:					Ending:			
Distance (Miles):	Rate/Miles:				Rate X Miles:			

Meals Per Day:	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total Per Day:
Date:							
Date:							
Date:							
Date:							
Date:							
Date:							
Date:							

					Meal Total:		
					Lodging Total:		
					Fuel Expense:		
					Miscellaneous Expenses:		

Total:

This claim represents the necessary expenses incurred by the public official here undersigned in the conduct of official business or training as approved by policy of the City of Claremont, NC.

Signature of Finance Director:	Date:
Signature of Traveler:	Date:

