WEAKLEY COUNTY CLAIM FOR TRAVELING EXPENSES

| This claim must be prepared in accordance with travel regulations | FOR PERIOD FROMTOTO |
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| nust be | |
| prepared i | |
| n accordanc | |
| e wit | 0 |
| 1 travel | |
| regulations | |

| | | | | | Approved . | | | 7 | TRIPLICATE—For Claimant | JCATE-F | | DUPLICATE—For File | | ORIGINAL—Division of Accounts | OR |
|-------|----------|--|------------|--------------------------|---|-------------|---------------------------|----------------------------|------------------------------------|-------------|---|--------------------|--------|---|-----------|
| Date | | | | | Approved . | | | | | | | | | Date of last expense claim | Date |
| Date | | Pasition | | Station | Official Station | | | | | | 1 | | | | |
| | # | AMOUNT DUE STATE \$ | nant . | Signature of Claimant | Signatu | | | | | | 1 1 | | | | |
| | NT \$ | AMOUNT DUE CLAIMANT \$ | Ct. | rtify that the and corre | I hereby certify that this claim is true and correct. | | | | | | | | | Soc. Sec. # | Soc. Sec. |
| | ſ | ONTROL # | DVANCE, CO | TRAVEL A | LESS TEMP TRAVEL ADVANCE, CONTROL # - | | | | | | } | | | | |
| | <u> </u> | GROSS AMOUNT OF CLAIM | | | | | ose: | n or Purp | Additional Explanation or Purpose: | dditional I | | | - | | N. |
| | | | | | | | | | | TOTALS | | \ddress Below: | Home A | Please Type or Print COMPLETE Home Address Below: | Plea |
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| TOTAL | | Itemize, Attaching Receipts and Explain | Dinner | Lunch | Breakfast | e Lodging | e Taxi or er Limousine | age Airline unt & Other | Miles Mileage Amount | am/pm | | PLACE ARRIVED | am/prr | PLACE LEFT | DA IE |
| | | OTHER EXPENSES | | ENCE | SUBSISTENCE | | 2 | TRANSPORTATION | TRAN | TIME | | | TIME | | |
| | | | | | ations | vei regui | e with tra | ccordanc | pared in a | iust be pre | Inis claim must be prepared in accordance with travel regulations | | | | |