WEAKLEY COUNTY GOVERNMENT
Claim for Traveling Expenses

For Period FROM _____ **TO** _____

This claim must be prepared in accordance with travel regulations.

Date	Place Left	Time Left (am/pm)	Place Arrived	Time Arrived (am/pm)	Transportation				Subsistence				Other Expenses	Total
					Miles	Mileage Amount	Airline & Other	Taxi or Limo	Lodging	Breakfast	Lunch	Dinner	Itemize other expense(s). Attach receipt(s) and explanation(s).	
				TOTALS	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**		

Claimant Information:

Name: _____

Address: _____

_____

_____

Department: _____

Additional Explanation or Purpose:

_____

_____

_____

_____

_____

Gross Amount of Claim _____

I hereby certify that this claim is true and correct.

_____ _____

Signature of Claimant Date

_____ _____

Approval by Department Head Date