

Plymouth Public Schools  
**Monthly Claim Form**  
**\*\*\*Original Receipts Required\*\*\***

**Travel, Conference and Business Expenses**

	IRS approved rate beginning July 1, 2022	
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↑ Employee Name ↑	↑ PO No. ↑

↑ Home Address ↑

Date	Description/Explanation	# of Miles	Mileage @ \$0.625	Meals/ Registration / Travel / Tolls / Fees / Other	Total
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					-
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					-
					-
					-
					-
					-
					-
TOTAL # of MILES			TOTAL OTHER EXPENSES	-	

Employee Signature:	Date:	<b>TOTAL TO REIMBURSE</b>	
Supervisor Signature:	Date:		\$

ORIGINAL SIGNATURES ONLY PLEASE