

Plymouth Public Schools

# Monthly Claim Form

\*\*\*Original Receipts Required\*\*\*

## Travel, Conference and Business Expenses

IRS approved rate  
beginning January 1, 2019

↑ Employee Name ↑

↑ PO No. ↑

Date	Description/Explanation	# of Miles	Mileage @ \$0.58	Meals/ Registration / Travel / Tolls / Fees / Other	Total
	TOTAL # of MILES		TOTAL OTHER EXPENSES		

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

**ORIGINAL SIGNATURES ONLY PLEASE**