Plymouth Public Schools

Monthly Claim Form

*****Original receipts required for expenses other than mileage. *****

Travel, Conference and Business Expenses

	IRS approved rate beginning January 1, 2021	
↑ Employee Name ↑	0.560	↑ PO No. ↑

Date	Description/Explanation	# of Miles	Mileage @ $0.56	Meals/ Registration / Travel / Tolls / Fees / Other	Total
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
			0.000		0.000
	TOTAL # of MILES	0.00	TOTAL OTHER EXPENSES	$ 0.00	

Employee Signature:	**Date:**	
Supervisor Signature:	**Date:**	**TOTAL TO REIMBURSE** $ 0.00

ORIGINAL SIGNATURES ONLY PLEASE