

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

Travel, Conference and Business Expenses

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

↑ Home Address ↑

Date	Description/Explanation	# of Miles	Mileage @ \$0.585	Meals/ Registration / Travel / Tolls / Fees / Other	Total
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	TOTAL # of MILES		TOTAL OTHER EXPENSES	-	

Employee Signature: _____	Date: _____	TOTAL TO REIMBURSE	
Supervisor Signature: _____	Date: _____		\$ -

ORIGINAL SIGNATURES ONLY PLEASE