

**CACHE COUNTY SCHOOL DISTRICT
AUTHORIZED TRAVEL CLAIM**

NAME		Date	
ADDRESS		District Director	
BUDGET CODE		Program	

TRANSPORTATION *Miles driven after 12/31/2023 will be reimbursed at the rate of .67 cents per mile.

DATE	*TYPE <small>(see below)</small>	FROM	TO	MILES CLAIMED	*RATE <small>(see above)</small>	AMOUNT
TOTAL FROM PAGE 2, AUTHORIZED TRAVEL REPORT (please attach) →						
*TYPE: PRIVATE CAR (CHART ONLY), COMMERCIAL PLANE, TAXI, BUS, LIMO						
TOTAL TRANSPORTATION → <small>(ENTER IN SQUARE "C" BELOW)</small>						

PER DIEM

Lodging & Registration

DATE DEPARTED	DATE RETURNED	LOCATION (CITY & STATE)	# Breakfasts	# Lunches	# Dinners	Lodging/Registration	AMOUNT (ATTACH RECEIPTS)
TOTAL # MEALS →							
Total Lodging/Registration=						\$	(A)

I hereby certify that all claims included in this statement were incurred in relation to AUTHORIZED, official business and that the amounts are correct and proper charges.

<p align="center">_____ Signature of Traveler</p>
<p align="center">_____ Principal/Director Approval</p>
<p align="center">_____ Business Administrator</p>

X \$26.00 =	\$		<div style="font-size: 2em;">}</div> <div style="font-size: 2em;">\$</div>				
X \$15.00 =	\$			TOTAL PER DIEM MEALS	(B)		
X \$13.00 =	\$						
TOTAL TRANSPORTATION						\$	(C)
TOTAL AMOUNT THIS CLAIM						\$	(A+B+C)

*For out-of-state per diem rates, go to www.gsa.gov/travel/plan-book/per-diem-rates