

CLAIM FORM FOR TRAVEL REIMBURSEMENT

Little Rock School District

PULASKI COUNTY ONLY

Page _____ of _____

Date: _____

Vendor Code # _____

Print Full Name _____

Social Security # _____

Home Base School & Position _____

Home Address _____

City _____

Zip Code _____

The travel form is **due** in the Business Office by the **second of each month**. Forms must be filled in completely for payment.

Department or school secretaries are to complete codes for payment. Forms received in the Business Office without being coded will be returned to your department or school.

ACCOUNT CODES

Budget Unit					
Fund (4)	Function (4)	Location(3)	Pgm Code(3)	Subject(2)	Account(5)

	Date	From	To	Miles Traveled
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I certify that the above travel log is true and accurate.

Total miles this page _____

Signed _____

Total miles _____

X .52cents per mile = _____

Amount Due _____

Signature of Principal / Supervisor _____

Effective July 1, 2022