

# Walthall County School District Travel Claim

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Mileage

Date	Description	Miles	Amount
<b>Mileage Total:</b>			

### Lodging

Date	Description	Amount
<b>Lodging Total:</b>		

### Other

Date	Description	Amount
<b>Other Total:</b>		

**Grand Total:** \_\_\_\_\_

Sponsor: \_\_\_\_\_ Traveler: \_\_\_\_\_