Walthall County School District

Travel Claim

Name: _____ **Date:** _____

Mileage

Date	Description	Miles	Amount
	Mileage Total:	0.00	$0.00

Lodging

Date	Description	Amount
	Lodging Total:	$0.00

Other

Date	Description	Amount
	Other Total:	$0.00

Grand Total: $0.00

Sponsor:_____ Traveler:_____