

GOODHUE COUNTY EDUCATION DISTRICT #6051

395 Guernsey Lane, Red Wing, MN 55066
Phone # 651 388-4441 – Fax # 651 388-9557

TRAVEL AND MISCELLANEOUS CLAIM FORM

(Must be Itemized) Effective 1/1/2025

Name: _____ Date: _____

Address: _____

TRAVEL CLAIM

Date: _____ MEAL ALLOWANCE: \$63.00 per day.

Place: _____ (Receipts must accompany all meal allowance claims)

Event: _____

\$ _____ (\$.70 x _____ Miles) \$ _____ Breakfast (\$16.00)

\$ _____ Lodging \$ _____ Lunch (\$19.00)

(Receipts must accompany all lodging claims.) \$ _____ Dinner (\$28.00)

Other: (Please specify) _____

_____ \$ _____ TOTAL TRAVEL CLAIM \$ _____

MISCELLANEOUS CLAIM

DESCRIPTION: (Receipts must accompany this form for all items purchased.)

TOTAL MISC. CLAIM: \$ _____

APPROVAL: (All claims must be approved by both Supervisor and Superintendent.)

Supervisor in Charge

Claimant

Superintendent

Budget Code