



## TRAVEL ALLOWANCE CLAIM FORM

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

School Year: \_\_\_\_\_

Flat Rate (less than 10 km)	Rate Per Trip	Total
Number of Trip(s) @ _____	\$5.00	
Date(s) of Trip(s): _____		
<b>Monthly Honorarium Allowance</b>		<b>Please check one</b>
Category 1	\$30.00	
Category 2	\$50.00	
Category 3	\$75.00	

Commencement Date of Monthly Allowance: \_\_\_\_\_

Expiration Date of Monthly Allowance: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_

**\* Approval for monthly honorarium travel allowances must be submitted on an annual basis for each school year**