

**RICHARDTON-TAYLOR PSD #34**  
**DAY TRAVEL MEAL EXPENSE FORM**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Travel to/from	Reason for Travel	Meals			Total
			B	L	D	
			7.00	10.50	17.50	
<b>Total</b>						

I certify that the expenses included in this Expense Record are in accordance with the reimbursement guidelines of RT PSD #34.

**Total Amount Paid:** \_\_\_\_\_

Submitter's Signature: \_\_\_\_\_

Check # \_\_\_\_\_

Officer's Signature: \_\_\_\_\_