

REIMBURSEMENT FOR TRAVEL

NAME: _____ DATE _____

REIMBURSEMENT FOR TRAVEL WILL BE DONE ON A MONTHLY BASIS. TRAVEL REIMBURSEMENT REQUESTS SHOULD THEREFORE BE SUBMITTED MONTHLY.

<u>DATE</u>	<u>DESTINATION/PURPOSE</u>	<u>TOTAL MILES</u>
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	
___/___/___	DESTINATION _____	_____
	PURPOSE _____	

TOTAL MILES _____

@\$0.655 cents PER MILE =\$_____

APPROPRIATION: _____

APPROVED BY _____

SUPERINTENDENT OR TREASURER _____