

MONROE CITY SCHOOLS
IN-DISTRICT MILEAGE REIMBURSEMENT FORM
Must Be Submitted Monthly (One Month Per Sheet)

REIMBURSEMENT REQUEST SHOULD BE SUBMITTED NO LATER THAN THE 10TH OF EACH MONTH
 (ALL HOLIDAYS AND WEEKENDS NEED TO BE APPROVED BY SUPERVISOR)

NAME OF TRAVELER: _____

Period of Travel: From: _____ To: _____

ADDRESS: _____

Job Position: _____

Page 1 of _____ (USE MULTIPLE SHEETS, IF NECESSARY)

DATE	TRAVELED		MILES TRAVELED (One Way)
	FROM LOCATION	TO LOCATION	
SUB-TOTAL MILES			

DATE	TRAVELED		MILES TRAVELED (One Way)
	FROM LOCATION	TO LOCATION	
TOTAL MILES (.51 PER MILE)			
# miles _____			
x (.51)			
<i>I certify that this mileage was actually incurred by me in the performance of my duties as an employee of the Monroe City School Board.</i>			\$

Signature of Traveler: _____ Date: _____

Approved for Reimbursement: _____ Date: _____
 (Supervisor/ Department Head/Superintendent)

FUNDING SOURCE: _____ Fund/Account Number: _____