EAST GUERNSEY LOCAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT FORM

_____ MONTH _____
Signature PURCHASE ORDER #: _____

Date	Destination and Purpose	# Miles
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Total Miles _____
X Current Rate _____._____
TOTAL REIMBURSEMENT DUE $_____

TRAVEL REPORTS MUST BE TURNED IN AT THE END OF EACH MONTH. <u>REPORTS SUBMITTED LATER THAN 90 DAYS WILL NOT BE PAID</u>

Approved by: _____ _____ _____
Principal/Supervisor Superintendent Treasurer