TRAVEL EXPENSE REIMBURSEMENT

TRAVEL BY PRIVATELY	OWNED VEHICL	TRAVEL BY PRIVATELY OWNED VEHICLE WHEN SCHOOL VEHICLE IS NOT AVAILABLE	VILABLE	OTHER EXPENSES	NSES	MEALS (OVI	MEALS (OVERNIGHT TRAVEL ONLY)	/EL ONLY)
LIST	MILES TO AND F	LIST MILES TO AND FROM DESTINATION ONLY		(ATTACH RECEIPTS)	EIPTS)	BREAKFAST	LUNCH	DINNER
DATE FROM	TO	PURPOSE	MILEAGE DRIVEN	TYPE OF EXPENSE	AMOUNT	\$13	\$14	\$23
				ļ				1
		TOTAL MILES						
	-	MILEAGE RATES	X .42					
	TOTALS		\$	\$	\$	\$		
WHEN REQUESTING REIMBURSEMENT FOR MEALS OTHER THAN YOUR OWN, PLEASE LIST NAME(S) IN THE SPACE BELOW:	URSEMENT FOR I	MEALS OTHER THAN YOUR ELOW:						
					MILEAGE	GE		
NAME OF TRAVELER:			1		MEALS			
					TOTAL	\$		
SIGNATURE OF TRAVELER		DATE SUBMITTED		DELINER CHECK TO:	ب			
SIGNATURE OF PRINCIPAL/SUPERVISOR	SUPERVISOR	CENTRAL OFFICE APPROVAL						