

MILFORD SCHOOL DISTRICT
 Monthly Request for Travel Reimbursement

T2A

Date of Request: _____

Name: _____ School: _____

Instructions: This form is to be completed by all personnel whose travel is a normal part of the job.

1. Complete in duplicate at the end of each month. If the total is less than \$10, submit request quarterly. Give one copy to your Supervisor; keep one copy for your records.
2. All reimbursement for “other” items must be listed separately.
3. Submit **with original receipts for reimbursement.**
4. Submit with proof of travel to non-local destinations (Google Maps, Mapquest, etc.)

As of 01/01/2017

Date	Travel (From/To)	Purpose	Total Miles	Mileage X .53.5	Other Items	Other Amount	Total Amount

Total Amount of Reimbursement

REVIEWED/RECOMMENDED BY: _____, Supervisor Date: _____

FUNDS AVAILABLE: _____ ACCOUNT DRAWN _____
(Business Administrator/Designee)

APPROVED: _____ NOT APPROVED: _____
(Superintendent/Designee) Date