Milford School District

T2A

Monthly Request for Travel Reimbursement

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 all copies for approval **with original receipts for reimbursement.**

4. Submit with proof of travel to non-local destinations (Google Maps, Mapquest, etc.)

Date	Travel (From/To)	Purpose	Total Miles	**As of 01/01/2019** Mileage x .58	Other Items	Other Amount	Total Amount
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
			0	0.00		0.00	0.00
		Total Amount of Reimbursement:				0.00	$0.00

REVIEWED/RECOMMENDED BY: _____, Supervisor: _____ Date: _____

FUNDS AVAILABLE:_____ Account Drawn: _____ _____
(Business Administrator/Designee)

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