

REIMBURSEMENT REQUEST

Person Seeking Reimbursement

Purpose of reimbursement

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date	Travel (from-to)	Total Miles	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT REQUESTED _____

People who have driven their own vehicle for school purposes are to be reimbursed per mile at the rate of \$ 0.56.

Please, include itemized receipts.

I hereby certify that this report is a true and correct record of actual expenses and/or miles traveled.

Signature of Person Seeking Reimbursement

Date