Otsego Public Schools

Mileage and Expense Reimbursement

Employee._____

Professional Leave Expense Yes _____No _____Amount Received Year to Date._____

Conference Attended._____

Curriculum Area _____.Registration PO. Number _____

Date	Mileage, Registration, Expenses, Etc.	Budget Reference Number	Amount
Effective August 2017 mileage will be reimbursed at the current IRS rate.	TOTAL TO BE REIMBURSED		

Employee's Signature _____Date_____

Administrator's Signature._____ Date_____

Superintendent's Signature _____Date._____

FOR CENTRAL OFFICE USE ONLY

ASN#	Amount	Description	Date