

**BRASHER FALLS CENTRAL SCHOOL DISTRICT
MILEAGE & TRAVEL REIMBURSEMENT**

NAME: _____

DATE: _____

ADDRESS: _____

BUDGET CODE: _____

(for office use only)

ROUND-TRIP MILEAGE FROM HOME TO BRASHER FALLS CENTRAL: _____

All receipts for which you are requesting reimbursement must be attached to this sheet. Tax-exempt forms should be picked up in the Business Office prior to travel.

Date	Starting Point	Check if Returned	Destination	Purpose	Total Daily Mileage	Home to School Round Trip	Total Mileage Claimed
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
Total Mileage:							-
SUMMARY:	Total Mileage at \$.45/mile				\$		-
	Cost of Hotel				\$		-
	Cost of Meals				\$		-
	Registration				\$		-
	Tolls/Parking				\$		-
	Other Expenses:				\$		-
	TOTAL AMOUNT REQUESTED:				\$		-

I hereby certify that the above account and receipts attached are just, true, and correct, that no part thereof has been reimbursed, and that the total amount is actually due and owing.

SIGNATURE: _____ **DATE:** _____

ADMINISTRATOR APPROVAL: _____

BUSINESS MANAGER: _____