

MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207 MILEAGE REIMBURSEMENT FORM

THIS FORM SHOULD BE FILED MONTHLY AND ALWAYS BY JUNE 15TH OF EACH FISCAL YEAR.

EMPLOYEE NAME:		DEPT:		<input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> SOUTH <input type="checkbox"/> ADMIN	
DATE	TRAVELED TO:	PURPOSE:	TOLLS (RECEIPTS, IF AVAILABLE)	PARKING (RECEIPTS REQUIRED)	MILES
TOTALS:			\$ (A)	\$ (B)	(C) Miles _____ x Current Rate _____ Total _____
EMPLOYEE SIGNATURE:			DATE:	Comments:	
ADMINISTRATOR SIGNATURE:			DATE:	TOTAL REIMBURSEMENT (A+B+C) \$	
PRINCIPAL/SUPT. SIGNATURE:			BUDGET CODE:		
DATE:					