VERMILION LOCAL SCHOOLS
REQUEST FOR REIMBURSEMENT FOR TRAVEL ON SCHOOL BUSINESS

NAME:_____ **SCHOOL:**_____

I request reimbursement for the following miles traveled in my personal vehicle for school business:

DATE OF TRIP	STARTING LOCATION	DESTINATION	PURPOSE OF TRIP	MILES TRAVELED	MISC. EXPENSES

SIGNATURE OF EMPLOYEE: _____ DATE: _____

Total miles to be reimbursed at **57.5 cents** per mile: _____ AMOUNT DUE: _____

Total of all miscellaneous expenses (attach receipts): _____

SIGNATURE OF ADMINISTRATOR: _____ DATE:_____

ACCOUNT TO BE CHARGED FUND FUNC OBJ SCC OU IL JOB

____ ____ ____ ____ ____ ____ ____

Updated Jan. 2019