

**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
_____	_____	_____	_____	_____	_____	_____	_____