**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 |
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SIGNATURE OF EMPLOYEE: _____ DATE: _____

Total miles to be reimbursed at **58.5 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