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 67 cents per mile: Al					
Total of all miscellaneous expenses (attach receipts):					
SIGNATURE OF ADMINISTRATOR:				DATE:	
ACCOUNT TO BE CHARGED FUND FUNC OBJ SCC OU IL JOB					