

**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 **70 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
