

CENTERVILLE COMMUNITY SCHOOL REIMBURSEMENT REQUEST

TOTAL MILES _____ X \$.45 \$ _____

Meals (attach receipts) Overnight Trip (send to Admin-Accts Pay) _____
Day Trip Only (send to L. Lemen(Payroll)) _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Lodging and Other (state purpose and attach receipts)
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Reimbursement Request \$ _____

SIGNED _____ Dated _____

DIRECTOR/PRINCIPAL _____ Dated _____

CHARGE TO ACCOUNT _____

MONTH OF _____

Centerville Community School Mileage Log

<u>Date</u>	<u>Purpose of Travel</u>	<u>Destinations</u>	<u>Mileage</u>

Total Miles _____