CONCORD PUBLIC SCHOOLS
CONCORD-CARLISLE REGIONAL SCHOOL DISTRICT

MILEAGE REIMBURSEMENT

CPS ☐
CCRSD ☐

Employee _____ **Date** _____

Position _____ **School/Dept.** _____

Please complete a line for each trip taken on official school business and authorized by your immediate supervisor. Use accurate odometer readings, but please do not record tenths of miles. For "Other" expenses such as tolls or parking, please attach receipts. **Please submit at least once a month.**

DATE	ODOMETER START	ODOMETER STOP	TOTAL MILES	OTHER	DESTINATION
TOTAL					

Total Miles x $.405/mile = _____
Other _____
Total Reimbursement _____

I hereby certify that I have traveled the miles and incurred the costs indicated in performing my official duties.

Employee _____
Approval - Supervisor _____
Approval - Director of Financial Services _____

☐ Process for payment ☐ Return for further information

Jan. 2006