

Travel & Supply Reimbursement Form

Name _____

Date _____

(Requested By - Signature)

Date	Description	Please Attach Receipts			Mileage Reimbursement		
		Supplies	Meals	Travel Exp or Lodging	# of Miles	Rate	\$ Mileage
					-	0.565	-
					-	0.565	-
					-	0.565	-
					-	0.565	-
					-	-	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
					-	0.560	-
Subtotals		-	-	-	-	-	-
Total		\$					-

Account to be Charged	
Administrator/Supervisor	Date: _____
Superintendent	Date: _____

For Office Use		
Department & GL Numbers	Amount	Date Paid
410	-	
630		
670		
Total	-	

	From Lakeview	From Columbus
Albion	47	50
Aurora	65	60
Christ L to St J	10	
Columbus	6	
Col Bank	6.8	
Crete	86	81
ESU 7	5	
Fremont	53	49
Grand Island	70	65
Kearney	120	115
Lavista	91	88
Lincoln	88	85
Christ Lutheran	9	
Platte Center	9	
Shell Creek	3	
St Johns	9	
Norfolk	45	
Omaha	91	90
PC to Christ L	12	
PC to SC	12	
PC to St Johns	11	
SC to St Johns	10	
SC to Christ L	6	
Platte Center	8.8	
Post Office	6.8	
Schuyler	23	18
Seward	58	53
Shell Creek	2.6	
Wayne	78	80
York	57	52