

Travel & Expense Reimbursement Form

Name _____ Date _____

(Requested By - Signature)

		Attach Detail Receipts	Mileage Reimbursement		
Date	Description	Supplies, Meals, Lodging, Other Expense	# of Miles	Rate	\$ Mileage
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
				0.625	
See Mileage Chart to use on the reverse side of this page		0.00			
		Total			

Administrator/Supervisor		Date:
Superintendent		Date:

For Office Use		
General Ledger Number	Amount	Date Paid - Check Number
-		

Mileage Chart - One Way

From Columbus to:

From Lakeview to:

Albion	50	47
Aurora	60	65
Columbus		6
Crete	81	86
Fremont	49	53
Grand Island	65	70
Kearney	115	120
Lavista	88	91
Lincoln	85	88
LV to PC	9	9
LV to SC	3	3
LV to Christ Lutheran	9	9
LV to St Johns	9	9
PC to SC	12	12
PC to St Johns	11	11
SC to St Johns	10	10
PC to Christ Lutheran	12	12
SC to Christ Lutheran	6	6
C Lutheran to St Johns	10	10
Norfolk	45	43
Omaha	90	91
Schuyler	18	23
Seward	53	58
Wayne	80	78
York	52	57