

IN-DISTRICT TRAVEL REIMBURSEMENT VOUCHER

BOARD OF EDUCATION OF THE
BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT
836 Newmans Lane - P.O. Box 6030
Bridgewater, New Jersey 08807-0030
908-685-2777 Fax 908-231-8496

For Business Office Use Only

Requisition No.	
Purchase Order No.	
Account	Amount

Name: _____

Address: _____

Date: ____/____/____

Bills must be submitted to the Board/Business Office by the first of the month to be processed for payment by the end of that month

MILEAGE REIMBURSEMENT AS PER THE ATTACHED TRAVEL EXPENSE REIMBURSEMENT REQUEST, FOR ROUTINE TRAVEL AS REQUIRED DURING REGULAR WORK SCHEDULE - BOARD APPROVED RESOLUTION

Dates of Travel: From ____/____/____ To ____/____/____

Total Miles Traveled: _____

Tolls/Parking (receipts attached): _____

Reimbursement Per Mile Rate: _____

Proof of Auto Insurance (auto insurance must cover the first day of travel to the last day of travel you are requesting reimbursement for)

Total Amount Requested: _____
(total miles x reimbursement per mile rate + receipts)

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the above bill is correct in all its particulars; that the articles or services have been furnished or rendered as stated therein; that no bonus has been given or received by any persons or persons within the knowledge of this claimant in connection with the above claim and that the amount therein is justly due and owing.

Signature: _____

Date: _____

Authorizations

Supervisor/Principal

School Business Administrator

Check No.: _____ Check Date: _____

Route to: Supervisor/Principal for signature. School Business Administrator for processing .