

# PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS

Pompton Plains, NJ

## TRAVEL REIMBURSEMENT - MILEAGE

Name \_\_\_\_\_

Position \_\_\_\_\_

Base Location \_\_\_\_\_

DATE	FROM	TO	MILEAGE	OTHER (SPECIFY TOLLS OR PARKING)

Total Miles \_\_\_\_\_ x \$0. \_\_\_\_/mi. = \$ \_\_\_\_\_

Total Other = \$ \_\_\_\_\_

**TOTAL** = \$ \_\_\_\_\_

Please include current proof of auto insurance and registration.

I hereby certify that the above statement is just and correct and that the amount is due, and that prior written approval for these expenditures was obtained.

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

I certify that this account has been examined and, to the best of my knowledge and belief the amounts claimed were necessary for the performance of the claimant's assignments or in accordance with an approved Professional Leave Request.

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_