

BERKSHIRE BOARD OF EDUCATION

APPLICATION FOR MILEAGE REIMBURSEMENT

<u>DATE</u>	<u>FROM</u>	<u>TO</u>	<u># OF MILES</u>	<u>PURPOSE</u>

* MAP QUEST MUST BE ATTACHED TO THIS FORM *

TOTAL MILES: _____ X .56 PER MILE = \$ _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

SUPERINTENDENT SIGNATURE: _____

DATE: _____