PRESTON PUBLIC SCHOOLS

Mileage Reimbursement Voucher

All personnel requesting mileage reimbursement will keep an accurate monthly record to be submitted to the Central Office.

NAME: _____ POSITION: _____

DATE	TRAVELED FROM	TRAVELED TO	INDICATE if round trip	REASON	NUMBER OF MILES

TOTAL MILES _____ X 65.5 cents _____ PER MILE =_____ Indicate

(X) in column above if return trip. Give brief reason (ex. meeting, workshop, etc.).

Authorized by Building Administrator: _____Date: _____

Rev.1/6/23 gs