TRAVEL REIMBURSEMENT REQUEST

OZARK R-VI SCHOOL DISTRICT

Date:_____ Employee Name:_____ Bldg/Loc:_____

Explanation of Request: THIS AREA MUST BE COMPLETED

*Attach all **original itemized receipts** to be reimbursed- a charge slip is not sufficient

*Please use the mileage chart below for intra-district travel. Must have addresses to verify out of town travel.

Purpose of mileage Conference/wkshp/ in-district: _____

Location of event (city & state): _____ Date(s) From:_____

To:_____

Mileage Chart (calculated ONE_WAY)

Location	OIC	LB	FR	HS	JH	MS	EE	NE	WE	PS	SE/BB
OIC /District	0	4	3	1	1	3	4	3	5	1	3
Lloyd's Building	4	0	7	4	4	2	6	2	2	4	6
Finley River School	3	7	0	3	3	4	2	4	7	2	1
High School	1	4	3	0	0	2	5	2	5	1	3
Junior High	1	4	3	0	0	2	4	2	5	1	3
Middle School	3	2	4	2	2	0	6	0	3	3	5
East Elementary	4	6	2	5	4	6	0	6	9	2	3
North Elementary	3	2	4	2	2	0	6	0	3	3	5
West Elementary	5	2	7	5	5	3	9	3	0	6	7
Early Childhood/Preschool	1	4	2	1	1	3	2	3	6	0	2
South Elementary/Bus Barn	3	6	1	3	3	5	3	5	7	2	0

Date	Travel details(to/from, round trip, reason for travel, food)	Total miles

Totals-Mileage 0 x.45 cents per mile= 0 + Meals _____ + other:_____ = Requested: 0

Employee signature_____ *Supervisor Signature_____

Account code:_____ **Signatures indicate this form has been checked for all details