Bourne Public Schools
Personal Expense and Mileage Report

Employee: _____ Vendor #: _____

Mailing Address: _____

Department: _____

Reimbursement Purpose: _____

Date	Description of Expense	Miles x 0.67 (2024 rate)	Amount
	Total		

Receipts and drive plan must be included for reimbursement. Mileage tracking can be provided from Mapquest, Google Maps, etc.

I certify the above to be correct:

_____ _____
Signature of Employee Date

_____ _____
Department Manager Date

Account to be charged: _____

Revised: January 2024