

ACSD

MILEAGE REIMBURSEMENT FORM

Travel forms must be submitted monthly or may be taxable wages per IRS requirements.

School Responsible for Payment:

Driver Name:

Vendor Number or Mailing Address (if new vendor)

Month: 1

Fiscal Year: 2023-24

DATE	FROM TOWN	TO TOWN	DESCRIPTION/PURPOSE	MILES	Cost Per Mile	Total for trip
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
					0.670	\$ -
Parking/Other Travel Reimbursement Requests (attach receipts)						
						\$ -
						\$ -
			Mileage total	0		\$ -
			Parking/other reimbursement			\$ -
			Total Reimbursement			\$ -

DRIVER CERTIFICATION

By signing below, I certify that, at the time of the above travel, I had a valid driver's license, had auto insurance, and included an accurate mileage for school district travel.

In addition, I will advise my Supervisor if either my driver's license or my auto insurance is suspended/canceled prior to future school travel.

Driver Signature: DATE:

APPROVAL FOR PAYMENT

ADMINISTRATOR APPROVAL: DATE:

ACCOUNT #: