

MONROE TOWNSHIP BOARD OF EDUCATION  
Office of Business Administration

ACCOUNTS PAYABLE AFFIDAVIT  
Mileage Reimbursement

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print or Type)

(Business Office Only/Acct # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)

Month: \_\_\_\_\_

Home Instruction \_\_\_\_\_  Professional Leave \_\_\_\_\_  Special Project \_\_\_\_\_  
Copy of MapQuest required Student Copy of MLP & MapQuest required

Departure:

Destination:

	Barclay Brook	Brookside	Oak Tree/ Applegarth	Middle School	Woodland	Mill Lake	High School	C.O Trans.	PPS
Barclay Brook	0	0	6.4	2.2	5.2	4.5	2.0	0.6	5.9
Brookside	0	0	6.4	2.2	5.2	4.5	2.0	0.6	5.9
Oak Tree/Applegarth	6.4	6.4	0	4.3	9.9	9.5	4.3	5.5	0.6
Middle School	2.2	2.2	4.3	0	6.3	5.9	0	1.7	3.4
Woodland	5.2	5.2	9.9	6.3	0	1.0	6.0	4.7	9.7
Mill Lake	4.5	4.5	9.5	5.9	1.0	0	5.6	4.2	9.1
High School	2.0	2.0	4.3	0	6.0	5.6	0	1.4	4.1
Pupil Personnel	5.9	5.9	0.6	3.4	9.7	9.1	4.1	5.2	0
Central Office & Maint/Trans	0.6	0.6	5.5	1.7	4.7	4.2	1.4	0	5.2

# \_\_\_\_\_ Miles x .47 Rate = \$ \_\_\_\_\_ Amount

\_\_\_\_\_ \*Tolls \_\_\_\_\_ \*Parking Fees

\*Receipts required for tolls and parking fees

**Grand Total: \$ \_\_\_\_\_**

I declare that the goods or services in this bill have been delivered or rendered, that no bonus has been given or received by any person or persons; and that the above bill is true and correct.

\_\_\_\_\_  
Building Administrator Date

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
District Administrator Date

\_\_\_\_\_  
Employee ID#

