

**PERSONAL VEHICLE TRAVEL REIMBURSEMENT FORM**

Name \_\_\_\_\_ Campus \_\_\_\_\_ Date \_\_\_\_\_

**I. IN-DISTRICT TRAVEL**

A. Consolidated Statement (record number of miles on calendar date) (attach mileage reimbursement log sheet listing beginning and ending odometer readings)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_  
13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_  
19. \_\_\_\_\_ 20. \_\_\_\_\_ 21. \_\_\_\_\_ 22. \_\_\_\_\_ 23. \_\_\_\_\_ 24. \_\_\_\_\_  
25. \_\_\_\_\_ 26. \_\_\_\_\_ 27. \_\_\_\_\_ 28. \_\_\_\_\_ 29. \_\_\_\_\_ 30. \_\_\_\_\_  
31. \_\_\_\_\_

**Total Miles** \_\_\_\_\_ **x .545 cents =** \_\_\_\_\_

Purpose for above mileage: \_\_\_\_\_  
\_\_\_\_\_

B. Other items for in-district expense (list in detail) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total reimbursement of in-district expense** \$ \_\_\_\_\_

**II. OUT-OF-DISTRICT TRAVEL EXPENSE**

Purpose of trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Date of departure: \_\_\_\_\_ Time: \_\_\_\_\_

Date of return: \_\_\_\_\_ Time: \_\_\_\_\_

Transportation:  
Number of miles \_\_\_\_\_ @ .535 \$ \_\_\_\_\_

Lodging: Room Cost (supported by a receipt) \$ \_\_\_\_\_

Miscellaneous:  
Participation fees (receipt attached) \$ \_\_\_\_\_  
Automobile parking \$ \_\_\_\_\_  
Other (specify & attach receipts) \$ \_\_\_\_\_  
\_\_\_\_\_

**Total travel reimbursement claimed** \$ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Claimant

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Principal or Dept. Head

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent