

**COLDWATER COMMUNITY SCHOOLS
COLDWATER, MICHIGAN
REIMBURSABLE TRAVEL AND OTHER EXPENSE FORM**

Mileage report for the month of _____ 20__ for authorized travel.
Mileage form shall be submitted monthly on the last day of the month.

DATE _____ NAME _____ TITLE _____

MILEAGE CHART FOR ROUND TRIP FROM THE ADMINISTRATIVE CENTER

High School	6.2 miles	Lincoln School	2.4 miles
Legg Middle School	6.2 miles	Lakeland School	13.4 miles
Max Larsen	2.1 miles	Bus Garage	6.2 miles
Franklin	16.8 miles	BISD & Career Center	2.9 miles
Jefferson School	1.8 miles		

If you are traveling from school to school please attach mapquest to support your mileage

I. ITEMIZED MILEAGE FOR THE MONTH:

DATE	TRIP DESCRIPTION	NO. OF MILES

You may attach a separate sheet if required.

_____ MILES @ _____ = \$ _____

II. OTHER EXPENSES - PLEASE ATTACH RECEIPTS:

DATE	DESCRIPTION OF EXPENSE	AMOUNT

PLEASE TOTAL BY ACCOUNT NUMBER

AMOUNT	ACCOUNT NUMBER
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	TOTAL

WITHOUT SUPPORTING DOCUMENTATION AND RECEIPTS THERE WILL BE NO REIMBURSEMENT

APPROVAL BY _____ DATE _____