

TRAVEL REIMBURSEMENT REQUEST
OZARK R-VI SCHOOL DISTRICT

Date: _____ Employee Name: _____ Bldg/Loc: _____

EXPLANATION OF REQUEST: **THIS AREA MUST BE COMPLETED**

- * Attach all **original itemized receipts** to be reimbursed - a charge slip is not sufficient.
- * Please use the mileage chart below for intra-district travel and others as listed.

Name of Conference/Workshop: _____ Date (s) Attended: _____
 Location of event (city & state): _____ From: _____
 Explanation of Reimbursement: _____ To: _____
 Mileage requested for: _____

MILEAGE CHART (calculated ONE-WAY)

LOCATION, ABBREVIATION & ONE-WAY MILES	DIST/ PRESCH	EE	NE	SE	WE	UE	JH	HS	FR/THQ
DISTRICT/PRESCHOOL - DO	0	3	3	2	6	3	1	2	2
EAST ELEMENTARY - EE	3	0	6	3	9	6	4	5	2
NORTH ELEMENTARY - NE	3	6	0	5	3	0	3	2	4
SOUTH ELMENTARY - SE	2	3	5	0	7	5	3	4	1
WEST ELEMENTARY - WE	6	9	3	7	0	3	5	5	7
UPPER ELEMENTARY - UE	3	6	0	5	3	0	3	2	4
JR HIGH - JH	1	4	3	3	5	3	0	1	3
HIGH SCHOOL - HS	2	5	2	4	5	2	1	0	3
FINLEY RIVER / TECH HQ -FR/THQ	2	2	4	1	7	4	3	3	0

Calculated Round Trip APPROXIMATE ROUND TRIP FROM OZARK:	
COLUMBIA	365
JEFFERSON CITY	300
KANSAS CITY	375
POINT ARROWHEAD	208
SPRINGFIELD	20
ST LOUIS	455
TAN-TAR-A	201

Date	Travel Detail (to/from - one way, round trip, reason for travel, etc.)	Total Miles

Totals - Mileage: _____ x 0.45 cents per mile = _____ + Meals: _____ + Other: _____ = Requested: _____

Employee Signature _____
* Principal or Supervisor Signature

Amount Authorized _____
Account Code to be Charged

*Your signature indicates this form has been checked for all detailed receipts Revised 10/30/15