GREENFIELD PUBLIC SCHOOLS EMPLOYEE TRAVEL REIMBURSEMENT REQUEST

(between schools)

EMPLOYEE 1	NAME:		DATE:		
Reimburcama	nt requests mi	ust be submitted monthly to your in	amediate supervisor for approval		
		e travel reimbursement request form		hen forward the	request
		e Administration Building with fina			
		STINATOIN cells to choose lo			
	Click in TR	IP column to choose 1 for one	way or 2 for round trip for m		ulate.
		DESTINATION		TRIP	MILEAGE
DATE		FROM (choose from drop down list)	TO (choose from drop down list)	One way enter 1 Round Trip enter 2	
			TOTAL MILEAGE		0
TOTAL DOLLARS @ .50 PER MILE					
		101	AL DOLLARS @ .50 PER MILE		\$0.00
SUBMITTED BY: DATE:					
		SIGNATURE	DITTE,		
APPROVED BY:			DATE:		
		SIGNATURE			
CHARGETO	A CCOLINITE #				
CHARGE TO A	ACCOUNT #:		-		