



# Manton Consolidated Schools Mileage Reimbursement

Name:

DATE (s)

Destination:

(City, Town, or Area)

Business Purpose

(such as conference title)

Miles this trip

@.57.5 / mile

Other Expenses (food, parking fee, tolls, etc.) \$

*Please attach all itemized receipts to form before sending to central office.*

Account Number:

***Mileage must be pre-approved by the Superintendent prior to trip***

*Superintendent's Signature*

*Date:*

*Supervisor's Signature*

*Date:*

Van Available

Van Not Available