

MARTIN PUBLIC SCHOOLS Mileage/Expense Reimbursement Form

Name:
Address:

****If this is a recurring mileage reimbursement, was the preapproved mileage form completed? _____**

****If this is conference mileage reimbursement, was the preapproved conference form completed? _____**

Mileage Reimbursement

DATE	EXPLANATION	# OF MILES
Total Miles		
Current Mileage Rate		\$ 0.30
Subtotal Due		

Expense Reimbursement

DATE	EXPLANATION	AMOUNT
Subtotal Due		

ASN Number	ASN Description	AMOUNT
Grand Total Due		

Employee Signature	Date
Supervisor Approval	Date

PAYROLL	
Payroll Entered By _____	Payroll Date _____

Forms not submitted to your supervisor for approval by these dates will NOT be reimbursed

Mileage Incurred Through...	Mileage Report Due Date
July 1 – September 30	November 30
October 1 – December 31	February 28
January 1 – March 31	April 30
April 1 – June 30	July 31