



SERESC

Southeastern Regional Education Service Center, Inc.

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RICHARD LASALLE
Executive Director

MILEAGE REIMBURSEMENT FORM

NAME:		DATE:	
PROGRAM:			

DATE	DESTINATION	PERSON CONTACTED	# OF MILES

Total Miles	X \$0.50 =	+ Tolls	+ Parking
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TOTAL AMOUNT DUE \$	
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Signature of Employee

Signature of Approval