

Manchester Public Schools Parent Travel Log for Mileage Reimbursement



Instructions: You may submit this form immediately after expenses are incurred or accumulate expenses and submit on a bi-monthly or monthly basis. You may send the completed form to:

Manchester Public Schools, Attn: Shelly Matfess, 45 North School St., Manchester, CT 06042

For the period of:		, 20 through	, 20_	
Parent Name: Student Name:				
Home Address:				
	Street	City, State, Zip		
Date Traveled	Location From (include address if other than home)	Location To (include address if other than home)	Purpose	Mileage
				-
Total Miles:		at \$.56 per mile = \$		
Effective January 1, 2014 the mileage rate is \$.56				
I certify that the above information is true and that it records only miles driven for the benefit of				
student services:				
	Signature		Date	
FOR OFFICE USE ONLY				
Account Number: Supervisor Signature:				