

ADDISON NORTHWEST SUPERVISORY UNION

MILEAGE/TRAVEL EXPENSE REIMBURSEMENT FORM

Name:
School:

MILEAGE REIMBURSEMENT: *(additional space available on next page)*

Date	Destination	Purpose	Miles
Miles from additional page			
Total Miles			
AMOUNT DUE (total miles x .565/mile)			\$

TRAVEL EXPENSES: (Include ALL RECEIPTS for expenses paid)

Are the expenses incurred from attending a conference? Y N

If yes, conference name: _____ Date(s): _____

A copy of **CERTIFICATE OF ATTENDANCE** must be attached.

Hotel	
Name of Hotel:	
Cost of room (plus tax):	\$

Airfare	
Name of Airline:	
Cost of round trip:	\$

Car Rental	
Name of Rental Company:	
Total Cost:	\$

Other	
Food	\$
Transportation (shuttle, taxi, etc.)	\$
Other (please describe)	\$
Total	\$
TOTAL of Travel Expenses	
\$	

GRAND TOTAL (Mileage Reimbursement + Travel Expenses)	\$
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Staff Signature

Date

Supervisor Signature

Date

