

## 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
<b>Total Miles</b>		
<b>Current Mileage Rate</b>		\$ 0.30
<b>Subtotal Due</b>		

### *Expense Reimbursement*

DATE	EXPLANATION	AMOUNT
<b>Subtotal Due</b>		

ASN Number	ASN Description	AMOUNT
<b>Grand Total Due</b>		

Employee Signature	Date
Supervisor Approval	Date

<b>PAYROLL</b>	
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