

Somerset Public School/Somerset Berkley Regional School District Mileage/Travel Reimbursement Form

Name: _____

Date: _____

Home Address/School: _____

P.O. Number: _____

Travel Date	Starting Mileage	Ending Mileage	Destination	Purpose	Miles Driven	Rate	Reimbursement Amount
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
					0		
Total Mileage :					0		

Travel Expenses

Air/Train/Rental: (Attach Original Receipts) _____
 Hotel Room: (Attach Receipt including Proof of Payment) _____
 Registration Charges: (Attach Original Receipts) _____
 Taxi Service: (Attach Original Receipts) _____
 Tolls: (Attach Receipts) _____
 Parking: (Attach Receipts) _____
 Other: (Please specify and attach applicable receipts) _____

Meals: Breakfast: _____
 (Attach original receipts) Lunch: _____
 Dinner: _____
 Total Travel: _____

Total Travel & Mileage Reimbursement: _____

All Original Receipts Must Be Attached To This Form. Photocopies or scanned copies will Not be accepted.

I hereby certify under the penalty of perjury that the amounts as itemized are true and correct, were incurred by me during travel in the service of the Somerset Berkley School District, and that no compensation claimed was of a personal nature. By signing, I am acknowledging that I have read and understood the SBRSD Travel Policy.

Employee Signature: _____ Date: _____

Dept. Head/Principal Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____

Dir. of Business/Finance Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Pay from budget line: _____

Submit completed form to Central Office/Accounts Payable Department

For Office Use Only	Purchase Order Closed on:	Closed by:
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