

Somerset Public Schools

Somerset Berkley Regional School District

Mileage/Travel Reimbursement Form

Name _____

Date _____

Home Address _____

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

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:** (Attach original receipts)
- Breakfast: _____
 - 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 District, and that no compensation claimed was of a personal nature. By signing, I am acknowledging that I have read and understood the School Committee Expense Reimbursement Policy (DKC).

Employee Signature: _____ Date: _____

Content Coordinator/Principal Signature: _____ Date: _____

Director of Business & Finance Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Accounts Payable Signature: _____ Date: _____

Submit completed form to Central Office/Accounts Payable Department

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