

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	0.725	\$0.00
					0	0.725	\$0.00
					0	0.725	\$0.00
					0	0.725	\$0.00
					0	0.725	\$0.00
					0	0.725	\$0.00
Mileage Total :					0	0.725	\$0.00

Travel Expenses

Air/Train/Rental: (Attach Original Receipts)	\$0.00
Hotel Room: (Attach Receipt including Proof of Payment)	\$0.00
Registration Charges: (Attach Original Receipts)	\$0.00
Taxi Service: (Attach Original Receipts)	\$0.00
Tolls: (Attach Receipts)	\$0.00
Parking: (Attach Receipts)	\$0.00
Other: (Please specify and attach applicable receipts)	\$0.00
Travel Total:	\$0.00

Meals

(Attach original receipts)

Breakfast:	\$0.00
Lunch:	\$0.00
Dinner:	\$0.00
Meals Total:	\$0.00

Total Mileage, Travel and Meals Reimbursement: \$0.00

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 Office/CFO Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Pay from budget line: _____

Submit completed form to Central Office/Accounts Payable Department

For Office Use Only

P.O. Number:	P.O. Total:	
P.O. Number:	P.O. Total:	(Use if more than 1 p.o. used)
Paid on Payroll Date:	Purchase Order Closed on:	Closed by:

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

Name: _____

Date: _____

Home Address/School: _____

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

Total Travel & Mileage Reimbursement: _____

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: _____

Dir. of Business/Finance Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Pay from budget line:

Submit completed form to Central Office/Accounts Payable Department