

Mileage, Meals, Lodging Report for Reimbursement

[Attach receipts to the back of this sheet]

Employee: _____

For the Month of: _____

District Mileage Rate: _____

Date	Purpose of Meeting	Location	Miles	Mileage cost [Calculated]	Meals	Lodging		Total [Calculated]
		<i>Superintendent's Signature:</i> _____						
							TOTAL	

Employee Signature: _____

Supervisor's Signature: _____

Superintendent's Signature: _____