# NASSAU COUNTY SCHOOL BOARD MILEAGE REIMBURSEMENT VOUCHER

### MUST BE PRINTED OR TYPED AND TO YOUR SUPERVISOR BEFORE THE $5^{\rm TH}$ OF THE NEXT MONTH (THIS FORM IS FOR REIMBURSEMENT OF MILEAGE ONLY, NO OTHER EXPENSES)

#### PRINT CLEARLY OR TYPE ALL INFORMATION

MAKE CHECK PAYABLE TO:			POSITION:				
MAILING ADDI	RESS						
OFFICIAL COU	NTY HEADQUAR	TERS:					
INDICATE THE TY	Y MUST BE APPROV	VED BY SUPERVISO	)R			E:NUTES TO THIS FORM.	
	TIFY THAT THE A THE PERFORMAN			CT STATEMENT	OF TRAVEL EX	PENSES ACTUALLY	
			SIGNAT	URE:			
DEPARTMENT .	APPROVAL						
			DATE SI	UBMITTED:			
SUPERINTENDI	ENT (OR DESIGN	EE) APPROVAL					
	`	,					
•••••			•••••				
Е							
FUND (4)	FUNCTION (4)	OBJECT (4)	FACILITY (4)	PROJECT (5)	SUBPRJ (5)	PROGRAM (5)	
		••••••					
FOR DISTRICT	USE ONLY:						
	x						
# OF MILES	TIMES	RATE PER MII	LE		MILEAGE ALLO	DWANCE	
					(TOTAL REIMBURSEMENT)		
					,	,	

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			ROUND TRIP				
DATE	FROM LOCATION	TO LOCATION	TRIP MILES	PURPOSE OF TRAVEL			
				+			
TOTAL NUMBER OF MILES TRANSFER TO FRONT OF FORM							