

**NASSAU COUNTY SCHOOL BOARD**  
**MILEAGE REIMBURSEMENT VOUCHER**  
**MUST BE PRINTED OR TYPED AND TO YOUR SUPERVISOR BEFORE THE 5<sup>TH</sup> 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 ADDRESS \_\_\_\_\_

OFFICIAL COUNTY HEADQUARTERS: \_\_\_\_\_

LIST ALL IN-COUNTY TRAVEL BELOW AND ON THE OTHER SIDE. INDICATE TOTAL HERE: \_\_\_\_\_

INDICATE THE TYPE OF TRAVEL:

\_\_\_\_\_ IN COUNTY MUST BE APPROVED BY SUPERVISOR

\_\_\_\_\_ OUT OF COUNTY TRAVEL MUST BE APPROVED BY THE BOARD, PLEASE ATTACH BOARD MEETING MINUTES TO THIS FORM.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF TRAVEL EXPENSES ACTUALLY INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES.

\_\_\_\_\_  
DEPARTMENT APPROVAL

SIGNATURE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT (OR DESIGNEE) APPROVAL

E							
FUND (4)	FUNCTION (4)	OBJECT (4)	FACILITY (4)	PROJECT (5)	SUBPRJ (5)	PROGRAM (5)	

FOR DISTRICT USE ONLY:

\_\_\_\_\_ X \_\_\_\_\_

# OF MILES                  TIMES                  RATE PER MILE

\_\_\_\_\_  
MILEAGE ALLOWANCE  
(TOTAL REIMBURSEMENT)

