NASSAU COUNTY SCHOOL BOARD MILEAGE REIMBURSEMENT VOUCHER MUST BE PRINTED OR TYPED AND TO YOUR SUPERVISOR BEFORE THE 5th of the next month (this form is for reimbursement of mileage only, no other expenses)

PRINT CLEAR	RLY OR TYPE AL	L INFORMATIO	<u>ON</u>				
MAKE CHECK	PAYABLE TO:		POSITION:				
MAILING ADD	RESS						
	INTY HEADQUAR						
LIST ALL IN-C INDICATE THE I IN COUN OUT OF C	YPE OF TRAVEL: FY MUST BE APPROV COUNTY TRAVEL MU	BELOW AND O Ted by supervise St be approved	N THE OTHER S Dr by the board, p	IDE. INDICA Lease attach b	ATE TOTAL HERI Oard meeting mi	E: INUTES TO THIS FOR IPENSES ACTUAL	
	THE PERFORMAN			CI SIAIEMEN.	I OF IKAVEL EA	PENSES ACTUAL	
			SIGNAT	URE:			
DEPARTMENT	APPROVAL						
			DATE S	UBMITTED:			
SUPERINTENE	DENT (OR DESIGN	EE) APPROVAL	,				
		_	1				
Ε							
FUND (4)	FUNCTION (4)	OBJECT (4)	FACILITY (4)	PROJECT (5)	SUBPRJ (5)	PROGRAM (5)	
					~ /		
FOR DISTRICT	USE ONLY:						
	X						
# OF MILES	TIMES	RATE PER MI	(F				
					MILEAGE ALLOWANCE		
					(TOTAL REIMB	URSEMENT)	

NASSAU COUNTY SCHOOL BOARD MILEAGE REIMBURSEMENT VOUCHER

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		MBURSEMENT OF MIELAGE ONLY, NO O		,
DATE	FROM LOCATION	TO LOCATION	ROUND TRIP MILES	PURPOSE OF TRAVEL
-				
-				
		TOTAL NUMBER OF MILES		TRANSFER TO FRONT OF FORM