

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 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)

