

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)

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