



OUT OF DISTRICT TRAVEL
Central City Public Schools



Name _____

Date	Beginning Location	Ending Location	Purpose of Trip	Number of Business Miles

ALL COLUMNS on this form must be completed FOR EACH TRIP in order to receive reimbursement.

This form is to be used in accordance with board policy 3076, "Employee Travel Compensation."

Total Miles	
Mileage Rate	
Total Mileage Reimbursement	

Date

I hereby request reimbursement for authorized travel.

Employee Signature

Authorized Signature
Immediate Supervisor (supervisor's signature is required)