**IN DISTRICT TRAVEL**
**Central City Public Schools**

## Name

Note: If more than one trip required per day, use multiple lines

| Date | Beginning Location (ELEM or MS/HS) | | Ending Location (ELEM or MS/HS) | | Purpose of Trip | Business Miles (Enter 1 per Trip) |
|---|---|---|---|---|---|---|
| | ELEM | MS/HS | ELEM | MS/HS | Travel within the District | |
| | ELEM | MS/HS | ELEM | MS/HS | Travel within the District | |
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| | ELEM | MS/HS | ELEM | MS/HS | Travel within the District | |

**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 Business Miles** | |
| **Mileage Rate** | |
| **Total Reimbursement Request** | |

_____
**Date**

**I hereby request reimbursement for authorized travel.**

_____
**Employee Signature**

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

Rev. 10/2016