Board of Education
NEWBURY LOCAL SCHOOL DISTRICT

REQUEST FOR REIMBURSEMENT (MILEAGE)
PURCHASE ORDER NUMBER_____

Name: _____ Mileage for the Month(s) of: _____

Assignment: _____ Date of Submission: _____

Date	Purpose of Professional Business Travel	ODOMETER READING Beginning	Ending	Miles Traveled

Signature:_____

Approved by:_____

Rate	Total Miles	Total Amount Due