2024 Romeo Community Schools Monthly Mileage and Expenses from Trip

Employee Name:			Vendor#		
Month:	Year:		Work Location:		
Date of Travel	Destination: Building/Off Site Location Name	Purpose: Event / Address if off site location	Miles	Other Expenses: Parking Fee (Other Reimbursements go on Check Request Form)	Amount of Other Expense
м	nus Round Trip Mileage from/to Home from/to Romeo	: If traveling not from your assigned building and from your home			
[*Let Busine	ss Office Manage this- Just note "HOME" and if it v	vas both ways or one way next to the Address in the Purpose Column *1		1	
		Total Miles Rate Effective: 01.01.2024	0.67		·
		Total Mileage to be Reimbursed	L	Total Other Expenses Attached Receipt to This Form	لــــــا ۲
I do hereby certify th	at the above is true and correct, and that no part of the		Total Amount Due		J
	To be signed by I	Employee		Date]
					Mileage
	To be signed by Superviso	r/Director/Principal	l	Account Number [ASN#]	Other Expense