Romeo Community Schools Monthly Mileage and Expenses from Trip 2025

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
[*Let Busine	Minus Round Trip Mileage from/to Home from/to Rome ess Office Manage this- Just note "HOME" and if it was	 If traveling not from your assigned building and from your home both ways or one way next to the Address in the Purpose Column*] 			
		Total Miles			
		Rate Effective: 01.01.2025	0.70		
		Total Mileage to be Reimbursed	<u> </u>	Total Other Expenses Attached Receipt to This Form	
			otal Amount Due		
I do hereby certify that the above is true and correct, and that no part of the same has been paid.					
	To be signed by E	mployee		Date	
					Mileage
	To be signed by Superviso	r/Director/Principal	l	Account Number [ASN#]	Other Expense