

WIGGINS SCHOOL DISTRICT RE-50J
MILEAGE REIMBURSEMENT

To Be Submitted TWO Weeks Prior to Conference/Activity
with Professional Release Form OR Staff Development Fund Request
if Applicable

Name _____ Date of Request _____

Date of Conference/Activity _____

Name of Conference/Activity _____

Location of Conference/Activity _____

Reason for Attending _____

Number of Passengers _____

If this request is approved by your supervisor/principal, it will be returned to you.
After attending the conference/activity, insert corresponding odometer readings and
submit to central office for reimbursement.

Approved: Yes ___ No ___

Supervisor/Principal

Date Approved

REIMBURSEMENT VOUCHER

Odometer Reading

Ending Mileage _____

Beginning Mileage _____

Total Miles _____ x \$.32 per mile = \$ _____

Date: _____

Check Number _____