Marion Local Schools
Mileage & Travel Related Expenses
Reimbursement Form

_____ _____
Employee Name: Date Submitted:

Date of Travel:	**# Miles**	**City**	**Purpose of the travel:**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Total the miles and multiply times .76 cents per mile = $_____
(effective 7-1-26)

Professional Meetings &/or Other Board Allowed Expenses

Date:	**Amount**	**Definition of expense(s)**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

$_____ Total of Non-Mileage expenses

$ _____ Grand Total of this sheet