

Marion Local Schools
 Mileage & Travel Related Expenses
 Reimbursement Form

Employee Name: _____

Date Submitted: _____

<u>Date of Travel:</u>	<u># Miles</u>	<u>City</u>	<u>Purpose of the travel:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Total the miles and multiply times .595 cents per mile = \$ _____
 (effective 7-1-22)

Professional Meetings &/or Other Board Allowed Expenses

<u>Date:</u>	<u>Amount</u>	<u>Definition of expense(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\$ _____ Total of Non-Mileage expenses

\$ _____ **Grand Total of this sheet**