

**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 .625 cents per mile = \$ \_\_\_\_\_  
 (effective 1-1-23)

**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**