## Rowan - Salisbury School System

## Request for Reimbursement of DAILY TRAVEL

(Form is valid ONLY for travel from January 1, 2023 - June 30, 2023)

|   | (Please print clearly) |                                  | 10111 Juniuly 1, 2020 - Ju |                   | Employee No (last 6): | Vendor No: |
|---|------------------------|----------------------------------|----------------------------|-------------------|-----------------------|------------|
| Name:   |                        |                                  |                            |                   |                       |            |
| Home  |                        |                                  |                            | Position          |                       |            |
| Address   |                        |                                  |                            |                   |                       |            |
|   |                        |                                  |                            | School            |                       |            |
|   | Pleas                  | se select the locations from the | e drop down menu for "From | " and "To"        |                       |            |
| Dete  | 11000                  |                                  |                            |                   | Other Expenses        | (No Moolo) |
| Date<br>(MM/DD/YYYY)  | From                   | То                               | Purpose                    | Miles<br>Traveled | Description           | Amount     |
|   |                        | 10                               | Fulpose                    | -                 | Description           |            |
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| Please include any Non-RSS Facility related daily travel on page 2, which can be found by scrolling down: |                        |                                  |                            |                   |                       |            |
|   | Totals From            | n Back of This Form              |                            | -                 |                       | -          |
|   |                        |                                  |                            | _                 |                       | _          |

NOTE: Mileage measured from worksite (home base or 1st destination) or home, whichever is less (includes weekend travel).

Note: Original Receipts Required for Reimbursements.

Note: A conference program, meeting agenda or course syllabus

must accompany all requests for reimbursement if applicable.

| I hereby certify that the information submitted on this form is true<br>and accurate to the best of my knowledge. |    | Per-mile Allowable Rate: \$ |    |   |  |  |
|---|----|-----------------------------|----|---|--|--|
| Employee Signature:   | Τα | otal Miles X Per-mile Rate  | \$ | - |  |  |
| Date:   | Ot | ther Expenses               | \$ | - |  |  |
| Budget/Account Code:  |    | _                           |    |   |  |  |
| Supervisor Signature:   | То | otal Reimb. Request:        | \$ | - |  |  |
| Date:   |    |                             |    |   |  |  |
|   |    |                             |    |   |  |  |
|   |    |                             |    |   |  |  |

THIS INSTRUMENT HAS BEEN PREAUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT

Date:

Asst. Supt. Or Designee Approval:

| X     |           |         |
|-------|-----------|---------|
| Chief | Financial | Officer |

Date:

Important: Reimbursement requests must be turned in promptly and on a monthly basis. Late requests for reimbursement may be denied. If mileage is being paid out of more than one budget code use separate forms for each budget code. paid out of more than one budget code are separate forms for each budget code. 1/6/2023

## (Form is valid ONLY for travel from July 1, 2021 - June 30, 2022)

|      |      | n is valid ONLY for trave   |                              | Miles    | Other Expenses | (No Meals) |
|------|------|-----------------------------|------------------------------|----------|----------------|------------|
| Date | From | То                          | Purpose                      | Traveled | Description    | Amount     |
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| ſ    |      | Please include any Non-RSS  | Facility related daily trave |          |                | [          |
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