EAST CHINA SCHOOL DISTRICT

MILEAGE & INCIDENTAL TRAVEL EXPENSE REPORT

Year_____

DATE	STARTING LOCATION	ENDING LOCATION	MILES	EXPENSE*	EXPLANATION* REASON FOR TRAVEL

☐ Were home to work miles deducted from total miles, if applicable?

TOTAL MILES	0.00		$0.00	TOTAL EXPENSES
MILEAGE RATE	x .30	=	0.00	TOTAL MILES x RATE
			$0.00	TOTAL REIMBURSEMENT

Please Note: (Reimbursement request will not be processed for less than $10.)

EMPLOYEE NAME (PRINT)		EMPLOYEE # :
BUILDING/DEPARTMENT		
EMPLOYEE SIGNATURE		
AUTHORIZED BY		ASN #:

***Expenses must be supported by receipts. Unsupported expenses are not reimbursable. Reimbursement request must be submitted to Building/Department Administrator within 90 days of travel. See Mileage Chart, Form # 6320 H F3 for reimbursement schedules. Attach Mapquest or other printout to substantiate miles driven to locations not included on the ECSD Mileage Master.**

After approval by Building/Department Administrator, return to Business Office for processing.

Print

Reset

Expense reports received by the Business Office by the 1st of the month will be reimbursed on the employees' paycheck dated the 23rd of the month. Expense reports received in the Business Office by the 15th of the month will be paid on the employee's paycheck dated the 8th of the following month.

Revised: July 2012