

**MUST BE TYPEWRITTEN
OR PRINTED LEGIBLY**

**ARLINGTON PUBLIC SCHOOLS
REQUEST FOR MILEAGE REIMBURSEMENT**

Name: _____

Date Submitted: _____

Address: _____

Vendor Code _____
P.O. Number _____
(Purchasing Office Use Only)

Department: _____

Date	Miles	Date	Miles	Date	Miles
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21		Total Miles	
11		22			

Month of _____ Year _____

Total Number of Miles _____

X \$ _____ =

\$ _____

Current rate is 50 cents per mile.

Explanation/Reason for Travel: _____

Budgetary Reference:

Org Code	Object Code	Budget Year

Coding must be complete and accurate.

Submitted by: _____
 (Signature) (Date)

Approved by: _____
 (Signature of Dept. Head) (Date)

Approved by: _____
 (Signature Asst. Superintendent) (Date)