

Preston Public Schools Mileage Reimbursement Voucher

All personnel requesting mileage reimbursement will keep an accurate monthly record to be submitted to Central Office by the **first of the month**.

Name: _____ Position: _____

Date	Traveled From	Traveled To	Returned	Reason	Number of Miles

Total Number of Miles _____ X _____ per mile = _____

Indicate (X) if return trip.

Give brief explanation for reason (such as meeting, workshop, bank, etc).

Authorized By Building Administrator: _____ Date: _____