PORTSMOUTH SCHOOL DEPARTMENT

Travel - Mileage Reimbursement Voucher

NAME: _____ **Vendor #:** _____

MONTH: _____ **Approval:** _____

DATE	FROM	TO	SCHOOL PURPOSE	MILES
TOTAL MILES				

Employee Signature _____

Central Office - Payment Calculation:

Total miles from above		
Mileage Reimbursement Rate (per city)	**Effective January 1, 2016**	**0.540**
Mileage Reimbursement		
Other(list & attach receipts):		
_____		
_____		
Total Employee Reimbursement		

Business Administrator _____ Account # _____