

RSU 26

REIMBURSEMENT & MILEAGE FORM FY 19

DIRECTIONS: Complete parts A and B.

A: NAME: _____	DATE: _____
ADDRESS: _____	TOWN, STATE, ZIP: _____
SCHOOL(S): _____	POSITION: _____
SIGNATURE: _____	_____

B: DATE	TO	FROM	MILEAGE
TOTAL MILES TO BE REIMBURSED			
Multiplied by IRS rate for mileage. FY19 = \$0.545/mile			
TOTAL REIMBURSEMENT DUE			

C: FUNDED FROM: (check one) <input type="checkbox"/> LOCAL BUDGETED FUNDS <input type="checkbox"/> FEDERAL FUNDS
Principal/Supervisor Signature _____ Date _____
Account Number _____
Superintendent (required for Federal Funds) Signature _____ Date _____
Account Number _____

RETURN THIS FORM TO THE SUPERINTENDENT'S OFFICE.