

RSU 26

REIMBURSEMENT & MILEAGE FORM FY 19

DIRECTIONS: Complete parts A – D.

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

B: TOTAL AMOUNT: _____
DATE OF RECEIPTS: _____
1) ATTACH ALL RECEIPTS
2) SUBMIT WITHIN A MONTH OF DATE OF REQUEST

C: REIMBURSEMENT IS NEEDED FOR: _____

TUITION: _____
BOOKS/FEES/MATERIALS: _____
MILEAGE (Form on reverse): _____
GAS: _____
FOOD: _____
LODGING: _____
SUPPLIES: _____
OTHER: _____
P.O. Number (if applicable): _____

Principal/Supervisor
Signature _____ Date _____
Account Number _____

RETURN THIS FORM TO THE SUPERINTENDENT'S OFFICE.
RSU 26 MILEAGE FORM

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.