CFCSD MONTHLY MILEAGE & EXPENSE REIMBURSEMENT FORM

Name			ŀ	Purchase Order Nui	mber	
Date	Destination/Purpose	Miles Traveled	Jan 1, 2025 Travel Cost: 70 cents per mile	Meals* Not to exceed \$50 a day for overnight or \$20 a day for day trips out of county	Registration Misc./Other*	Daily Tota
	TOTALS	:				
PRIO	Required!! RAPPROVAL is required for all staff requiled for all staff required for all staf			ge, parking and regis	tration for any	trip.
A. *All or automa B. Your st	iginal itemized receipts must be attached for m tically added to the bill. arting point for your trip is your home or school	eals. Reimbursen	nent for gratuit oser to the dest	nation. (Include a map	quest for out o	f town trips)
pruden	ant: The following items will not be reimbursed ce and sound business judgment when submitting the trips: this form and all receipts must be turn	ng travel expense	s.		imployees must	exercise
You a	re responsible for reviewing Board polic	y DLC & DLC	C-R Expense r	reimbursements.		
I hereby cert	ify that all expenses listed above are justifiable an	nd were actually in	curred by mysel	f and/or those individua	als listed herein.	
Signature, I	Employee Date	Sign	ature, Adminis	trator/Supervisor	Date	

Revised 01/01/2025