

Gorham School Department
Travel Reimbursement Request Form

Employee Name/Address: _____

Date (s) of Travel: _____

Mileage (50.5 cents per mile from 01/01/10 – 12/31/10):

Total miles traveled: _____

X 50.0 cents per mile: _____

Tolls (receipts must be attached) _____

Parking (receipts must be attached) _____

Meals (receipts must be attached) _____

Total Travel Reimbursement: _____

Please indicate reason for travel:

Department Head

Date

Expense Account Number

Finance Officer

Date