

CITY OF BAKER SCHOOL SYSTEM IN-PARISH TRAVEL EXPENSE REQUEST FORM

(to be turned in to supervisor at the end of each month)

AUTHORIZED TRAVELER: LOCATION:						
FOR THE MONTH OF :, 20 EMPLOYEE #:						
DATE BEGINNING TRAVELED ODOMETER			DESTINATION		PURPOSE OF TRIP	TOTAL MILES TRAVELED
	0202.2.1	то	FROM	ODOMETER		
I certify that the above is a true accounting of my IN-PARISH TRAVEL EXPENSES. TOTAL MILES TRAVELED						
I understand that this form must be received by the Business Office within 5 days TOTAL MILEAGE @ .52 PER MILE						
of the month of travel in order to receive reimbursement by the 15th of the month. OTHER EXPENSES (EXPLAIN ON FORM)						
Otherwise, travel will be processed the following month. TOTAL REIMBURSEMENT REQUESTED						
Employee's Signature Date					DEPT:	
ininproyee's Signature Date						
Supervisor's Signature Date					ACCT. CODE:	