WORCESTER COUNTY BOARD OF EDUCATION

LOCAL TRAVEL REIMBURSEMENT FORM

Submit forms to the Finance Dept., Attn: Laurie Bishop.
All forms should be submitted at the beginning of **EACH MONTH**
for the previous month, except in June, the forms need to be submitted by the third week of June.

Employee Name _____ Employee Number _____ School/Dept _____

DATE	FROM LOCATION → TO	MILES TRAVELED	PURPOSE

Total miles requested for reimbursement: _____ X $.445 = $ _____

Employee Signature _____ Date _____ Accounting Code (s) _____

Approved By Immediate Supervisor or Principal _____ Date _____

Approved By Chief Financial Officer _____ Date _____

Rev. 08/03/07