

SOUTHERN FULTON SCHOOL DISTRICT  
**MONTHLY EXPENSE AND MILEAGE REIMBURSEMENT FORM**

Name \_\_\_\_\_ Submitted for the month of \_\_\_\_\_, 20 \_\_\_\_\_

**Employee:** To receive reimbursement for approved mileage, please complete this form. Attach receipts for the column marked with an \* and submit it to your Supervisor by the **5th** of the following month.

**Supervisor:** Add the proper Account No. and your signature for approval before returning to the Business Office.

DATE	TRAVELING		ROUND TRIP MILEAGE	REASON FOR TRAVEL	* OTHER EXPENSE
	FROM:	TO:			
					\$
<b>TOTALS:</b>					\$

**Miles x .535**  
\$

Grand total of all expenses: \$

Requested by: \_\_\_\_\_  
Signature Date

Account Number: 10- \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
Date

Effective January 2016