HORATIO SCHOOL DISTRICT TRAVEL REIMBURSEMENT

NAME: _____

WORKSHOP ATTENDING: _____

						TRAVEL BY PRIVATELY OWNED VEHICLE				
DATE M/D/Y	NAME OF TOWN VISITED	HOTEL	MEALS $36.00 MAX	TAXI	INCIDENTIALS	FROM	TO	MILEAGE DRIVEN	RATE PER MILE .50	AMOUNT
SUBTOTALS										

INCIDENTALS (1)Postage (2) Parking Fee (3) Registration Fee
(4)Emergency Car Repairs (5) Guide Service for the Blind
(6) Minor Purchases (7) Meals for State and
Wards of the State (8) Other (Explain)

TOTALS FOR MILEAGE

RECAPITUATION _____

SUB-TOTAL _____

MILEAGE CLAIMED _____

TOTAL CLAIMED _____

APPROVED: _____ **SIGNATURE OF TRAVELER:** _____

TITLE: _____