

OXFORD PUBLIC SCHOOLS

TRAVEL EXPENSE REIMBURSEMENT FORM

Please return this original form to the Central Office along with all supporting original receipts as well as proof of mileage distance using Mapquest. Mileage is reimbursed at the IRS rate as of January 1st of the current calendar year.

EMPLOYEE NAME: _____

EMPLOYEE POSITION TITLE: _____ **BUILDING:** _____

EMPLOYEE MAILING ADDRESS: _____

DATE	FROM LOCATION	TO LOCATION	TRAVEL PURPOSE	# MILES
			*TOTAL MILES:	

***Total Number of Miles:** _____ x _____ = **Total Mileage:** \$ _____
(per Mapquest printout attached) (IRS rate as of January 1st)

Other Travel (Tolls/Air/Bus/Train): \$ _____

Lodging (Hotel): \$ _____

Conference Registration Fee: \$ _____

Meals: \$ _____

Miscellaneous (please explain below): \$ _____

Miscellaneous Expense: _____

TOTAL REIMBURSEMENT: \$ _____

**** FOR INTERNAL USE ONLY ****

Account Number to be Paid From: _____

APPROVED: _____ DECLINED: _____ APPROVED: _____ DECLINED: _____

 PRINCIPAL or ADMINISTRATOR

 SCHOOL BUSINESS ADMINISTRATOR

DATE: _____

DATE: _____