

OXFORD PUBLIC SCHOOLS

TRAVEL EXPENSE REIMBURSEMENT FORM

Please return this completed and signed original form to the Superintendent's Office along with all supporting original receipts as well as proof of mileage distance using Mapquest.

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____ **BUILDING:** _____

DATE	FROM/TO LOCATION/PLACE	PURPOSE OF TRAVEL	# of MILES
*TOTAL MILES:			

***Total Number of Miles:** _____ X _____ = **Total Mileage:** \$ _____
(Per Mapquest Printout attached)

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

Lodging (Hotel): \$ _____

Conference Registration Fee: \$ _____

Meals: \$ _____

Miscellaneous (please explain below): \$ _____

Miscellaneous Expense: _____

TOTAL REIMBURSEMENT: \$ _____

Account Number to be Paid From: _____

FOR INTERNAL USE ONLY

APPROVED: _____ **DECLINED:** _____

APPROVED: _____ **DECLINED:** _____

PRINCIPAL/ DEPARTMENT HEAD

BUSINESS MANAGER

DATE: _____

DATE: _____