EAST JACKSON COMMUNITY SCHOOLS
MILEAGE REPORT/CHECK REQUEST VOUCHER

PAYABLE TO:

Last Name	***First Name, Middle Initial***
Address – Number & Street or Rural Route	***City, State, Zip***
Building/Program	***Social Security Number (optional)***

MILEAGE:

Date	Destination (From/To)	Purpose	Miles	Parking/Misc. (receipts attached)
		Total Miles:		
		Mileage Allowance	**0.56**	**(2021 rate)**
		Totals:		
		TOTAL REQUESTED:	**$**	

*** I am requesting the above reimbursement incurred by the use of my personal automobile used to perform official East Jackson Community Schools business/functions. I, hereby, certify that I have listed each daily and individually item of expense listed were received in the discharge of authorized official school business. These amounts are correct and represent proper charges against the school with applicable receipts attached. I, further, certify that I have not received reimbursement from any other sources for any portion of this requested reimbursement. Upon completion of this form I will have my supervisor approve and forward to Accounts Payable at the Administrative Office.**

_____ _____

Signature of Claimant **Date**

**** I have reviewed the contents of this report, approve, and authorize payment of expenses.**

_____ _____

Principal/Supervisor Approval **Date**

_____ _____

Superintendent Approval **Date**