WORCESTER COUNTY BOARD OF EDUCATION

LOCAL TRAVEL REIMBURSEMENT FORM

Submit forms to the Finance Dept., Attn: Laurie Bishop.
All forms should be submitted at the beginning of **EACH MONTH**
for the previous month, except in June, the forms need to be submitted by the third week of June.

Employee Name	Employee Number	School/Dept

DATE	FROM LOCATION → TO	MILES TRAVELED	PURPOSE

Total miles requested for reimbursement: X $.445 = $

Employee Signature	Date	Accounting Code (s)

Approved By Immediate Supervisor or Principal	Date	Approved By Chief Financial Officer	Date

Rev. 08/03/07