**GADSDEN COUNTY SCHOOL DISTRICT**

**APPENDIX D**

**IN-DISTRICT MILEAGE REIMBURSEMENT VOUCHER**

Traveler Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **DATE** | **FROM** | **TO** | **PURPOSE** | **MILEAGE**  |
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|  |  |  |  |  |
| TOTAL MILES | MI |
| AMOUNT PER MILE | 44.5 cents/MI |
| TOTAL REIMBURSEMENT | $ |

I hereby certify or affirm that this travel claim is true and correct in every material matter; that the expenses were truthfully incurred by the undersigned as **necessary travel expenses in the performance of my official duties**; and that the same conforms in every respect to the requirements of Section 112.061, Florida Statutes.

Traveler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asst. Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Fund | Transaction | Function | Object | Center | Project | Program |
|  | E |  | 330 |  |  |  |
|  | E |  | 330 |  |  |  |

MILEAGE MUST BE PREAPPROVED AND SHOULD BE SUBMITTED MONTHLY

*Use in-county standard mileage rates and attach as supporting documentation.*