

**ALEXANDER CITY BOARD OF EDUCATION
NON-EMPLOYEE TRAVEL REIMBURSEMENT FORM**

Date: _____

Name: _____

Address: _____

Social Security #: _____

Reason for Reimbursement: _____

Reimbursable Expenses (attach a copy of all receipts):

Personal Vehicle Mileage (attach copy of approval forms):

Beginning Odometer _____ **Ending Odometer** _____

Total Miles _____ **miles @ \$.585/mile** _____

Other (attach receipts) _____

Total Reimbursable Expenses _____

Requestor's Signature

Approvals:

Principal's Signature

Funding Supervisor's Signature

CSFO's Signature (if applicable)

Superintendent's Signature (if applicable)