



DeKalb County Board of Education

Every student counts, every moment matters.

From	

То_____

Mileage Reimbursement Request

In-county travel				
Place / Purpose	Miles traveled	Mileage (x.47/mile)		
Total from page # (if applicable)				
Total				

I hereby certify to the correctness of the above travel and it was incurred in the performance of official duties.

Page _____ of _____

Name & Position

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