APPENDIX D

GADSDEN COUNTY SCHOOL DISTRICT
IN-DISTRICT MILEAGE REIMBURSEMENT VOUCHER

Traveler Name _____ Employee ID # _____

DATE	FROM	TO	PURPOSE	MILEAGE
			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 _____

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.