WEST MIFFLIN AREA SCHOOL DISTRICT
1020 Lebanon Road, Suite 250
West Mifflin, PA 15122
(412)466-9131 (412)466-9261
www.wmasd.org

LOCAL TRAVEL REIMBURSEMENT FORM (EXHIBIT 1)

NAME_____ FOR MONTH OF _____

VENDOR NO._____ BUDGET CODE _____

STAPLE ALL RECEIPTS TO BACK OF FORM

Date	Mileage	Description-To/From	Meals	Parking & Tolls	Other	Reason for Expense
TOTALS						

Total Miles:_____@ 58.5 Cents =_____ Total Due: _____
The following is the correct mileage used by me during the time period listed above.

_____ _____
Employee Date

_____ _____
Approval: Business Manager Approval: Superintendent

This form must be submitted on a monthly basis, any expenses over sixty (60) days will not be reimbursed.

01/01/2022