FOR MONTH OF \_\_\_\_\_



## 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\_\_\_\_\_

STAI	LE ALI	L RECEIPTS TO BA	ACK OI	FORM		
Date	Mileage	Description-To/From	Meals	Parking & Tolls	Other	Reason for Expense
Total M The following	files:(allowing is the	© 67.0 Cents =e correct mileage used by me	e during the	Total Due time period l	e: isted above	
Employee				Date		
Approval: Business Manager				Approval: Superintendent		

01/19/2024