

## 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 VENDOR NO				FOR MONTH OF			
			BUDGET CODE				
STAI	PLE ALI	RECEIPTS TO B	ACK O	F FORM			
Date	Mileage	Description-To/From	Meals	Parking & Tolls	Other	Reason for Expense	
OTALS							
Total M The following	files:@ lowing is the	70.0 Cents =	e during the	Total Due e time period l	e: isted above	<u> </u>	
Employee				Date			
Approval: Business Manager				Approval: Superintendent			

01/22/2025