BARTLESVILLE PUBLIC SCHOOLS

REIMBURSEMENT CLAIM

IN DISTRICT TRAVEL - PERSONAL CAR

ONE MONTH PER FORM

Please submit this claim, filled out COMPLETELY, with Starting and Ending Locations, Reason, and Miles for EACH TRIP.

Name: _____ Date: _____

Site Name: _____

Date	Starting Location	Ending Location	Reason for Travel	Miles

Page Total 0.000

TOTAL MILES: 0.000

Mileage Rate: $ 0.55

TOTAL DUE: $ -

I hereby certify that all mileage claimed on this reimbursement form were incurred by me, while acting on behalf of Bartlesville Public Schools.

_____

Signature of Claimant

APPROVED BY: _____

Principal Director Supervisor

Date	Starting Location	Ending Location	Reason for Travel	Miles

Page 2 Total 0.000

Date	Starting Location	Ending Location	Reason for Travel	Miles

Page 3 Total 0.000

Date	Starting Location	Ending Location	Reason for Travel	Miles

Page 4 Total 0.000

Date	Starting Location	Ending Location	Reason for Travel	Miles

Page 5 Total 0.000