Franklin Central Supervisory Union
BFA / NWTC – St. Albans City – St. Albans Town – Fairfield – Early Childhood - CPSC

MILEAGE REIMBURSEMENT

Name: ____ **School:** ________________________

Date	Explanation / Destination	Miles
	Total Miles	
	Current IRS Rate	
	Total Reimbursement	

Employee Signature: ____ Date: ________________

Administrator / Supervisor Signature: ____ Date: __________

Budget Code: ____

V1.2.13.14