REGIONAL SCHOOL UNIT #20
PO BOX 363, 6A LIONS WAY, BELFAST, MAINE 04915
Phone: 207-338-1960 FAX: 207-338-4597

REQUEST FOR TRAVEL REIMBURSEMENT

Staff Name:	**School:**	**Date:**

DATES	**EXPLANATION**	**MILES**
	Total Miles	

(Former SAD 34) Mileage Rate: .50¢ x (miles) = **Total Reimbursement**	
(Former SAD 56) Mileage Rate: .51¢ x (miles) = **Total Reimbursement**	

Staff Signature:

APPROVAL FOR REIMBURSEMENT

Supervisor's Signature:	Superintendent/Asst Superintendent Signature:
Code:	Check Total:

? Accounts Payable

Revised: 1/04/2010