MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 56

MILEAGE REIMBURSEMENT VOUCHER

Employee Name:_____Date:_____

Area of Responsibility:_____Month:_____

DATE	FROM	TO	MILES DRIVEN	RATE ($0.30)	TOTAL EXPENSE

TOTAL AMOUNT DUE: $_____

Employee:_____

Supervisor:_____

Superintendent:_____

Fund Account No.:_____

(Vouchers Submitted Without A Fund Account Number Will Be Returned)