



Maine School Administrative District #12

TRAVEL REIMBURSEMENT REQUEST

Today's Date: _____

Account #: _____

Name: _____

Event: _____

Date of Event: _____

Please Itemize the Following Expenses:

_____	Standard Mileage (.565 cents per mile)	_____	Miles
_____	Towing Mileage (.75 cents per mile)	_____	0 Miles

If on computer, enter miles and the total rate will calculate automatically. Following are the maximum miles to be claimed for these cities:

Augusta, Maine - 225 miles	Waterville, Maine - 180 miles
Bangor, Maine - 250 miles	Portland, Maine - 330 miles

_____ Lodging (attach receipts)

_____ Fees (attach receipts)

_____ Other Costs (attach receipts) **For meal costs please attach detailed receipt. No more than \$10 - \$15 & \$20 for Breakfast Lunch & Dinner respectfully including tip. There will be no reimbursement for alcoholic beverages.**

_____ **TOTAL REQUESTED**

Employee Signature

Date

FOR OFFICE USE ONLY

PRINCIPAL'S APPROVAL: _____

DATE

SUPERINTENDENT'S APPROVAL: _____

DATE