FRANKLIN CENTRAL SUPERVISORY UNION

FCSU- St. Albans City - St. Albans Town - Fairfield - Early Childhood - BFAUHS

MILEAGE REIMBURSEMENT FORM

Name: ____________________________________ School: _____________________

Date	Explanation/Destination	Miles
Be clear concerning mileage one way or round trip and that the dates coincide.		

Total ____________ miles @ ________¢ per mile.

Employee Signature: ____ Date: ________

Principal/Superintendent/Supervisor: _____________________________ Date: ________

Charge Budget Code: ______________________________

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