ATLANTIC COUNTY SPECIAL SERVICES

MILEAGE REIMBURSEMENT

USER INSTRUCTIONS

Form Purpose: Use this form to request mileage reimbursement for district-related travel in your personal vehicle.
How to Complete this Form: Print out this form and fill in the appropriate information. Provide receipts for parking if applicable.
Submission of this Form: You must sign the completed form and secure approval signature from your Supervisor. Submit the original signed form to the Business Office. Make a copy for your records.
Deadline: Completed forms can be submitted to the Business Office monthly however, NO LATER THAN 60 DAYS from the first entry date to be eligible for reimbursement. The District can refuse payment of mileage reimbursement not submitted within the above stated time lines.
Additional Information: If additional space is needed, please use the second page provided for that purpose. The Business Office will calculate the reimbursement amount based on the appropriate per mile rate.

**** PLEASE PRINT OR TYPE INFORMATION ****

ACCOUNT INFORMATION

Employee Name: **Position:**

Location (Group/Classroom/Off-Campus, Etc):

DATE	FROM LOCATION	TO LOCATION	PURPOSE	PARKING/TOLLS	MILES
			Total This Page		
			Total Both Pages		

EMPLOYEE AND SUPERVISOR SIGNATURES:

Employee's Signature:

Supervisor's Signature:

Business Office Use Only:

Calculation of Mileage Reimbursement:

Parking/Tolls Reimbursement:

Total Reimbursement:

Account # To Be Charged: