

Reimbursement Form

Wyalusing Area School District

**PRINT THIS FORM AND COMPLETE
IT IN INK**

*Accounts Payable will calculate
mileage reimbursement.*

DATE: _____

NAME: _____ VENDOR NO: 1- _____

ACCT CODE 10- _____ - _____ - _____ - _____ - _____ - _____ - _____

	DATE:	DESCRIPTION/ITEM:	MILES:	AMOUNT:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
15				
16				
17				
18				
19				
20				
TOTAL MILEAGE/\$ AMOUNT:				\$
MEALS, SUPPLIES, PARKING FEES, MISC. REIMBURSABLES:				\$
TOTAL:				\$

X _____ / ____ / ____
Employee Signature Date

X _____ / ____ / ____
Supervisor Date

X _____ / ____ / ____
BUSINESS MANAGER/SUPERINTENDENT Date

Common Mileages: NTCC=40, Towanda=34, Troy=74, Wellsboro=125, BLaST IU 17-Canton=85

BLaST IU 17-Williamsport=130, IU 18-Luzerne=99, IU 19-Archbald=100, Penn State=256, Mansfield=106