## WASHINGTON WEST SUPERVISORY UNION TRAVEL VOUCHER

Please submit one copy to your supervisor each pay period, to receive reimbursement.

NOTE: No mileage forms submitted 6 weeks or more after mileage incurred will be reimbursed. **Google Maps or Mapgquest printouts must be submitted** with reimbursement requests to document actual mileage traveled unless the standard mileage distances indicated on this form are used.

Name:		***make sure to update mileage reimbursement***		\$	0.540	
Date Submitted:			Period	From 1/0/00 to 1/0		
Component/Scho	ool:		Total Mileage	Φ.	C	
			Total Reimbursement	\$	-	
DATE	DESTINATION	PURPOSE/COMMENTS/STUDENT NAME	MILEAGE	REIMBURSEM	MENT	
				\$		
				\$		
				\$	-	
				\$	-	
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				\$	-	
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				\$	-	
				\$	-	
		TOTALS	0	\$	-	
	ed this form and verify that the info e: No mileage has been duplicate		:			
Supervisors a	pproving mileage reimbursement	Authorized by should review with timesheets to verify accuracy of n		t requests.		
20,700,000		account of the				
	Mileage Chart- Round Trip	Round Trip For Accounting Use Only				
Warren- 18.8	Fayston- 12.9 Waterbury- 22			Total Mileage		
Duxbury- 16.9	Harwood- 5.6 Waitsfield- 7.4			is effective IRS	rate	
Moretown- 5 9	Montpelier- 35 All Schools- 45 7	Valley Schools-28 6	\$ Paid			