

CAMBRIDGE PUBLIC SCHOOLS REQUEST FOR MILEAGE REIMBURSEMENT

Name: _____ Date Submitted: _____

Address: _____

Department: _____

Vendor Code _____
P.O. Number _____

PURCHASING OFFICE USE ONLY

Date	Mile	Date	Mile	Date	Mile
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21		Total Miles	
11		22			

Month of _____, _____

Total Miles _____

@ \$.40/mile =

\$ _____

Explanation/Reason for Travel:

Budgetary Reference:

Acct/Obj (5 digits)	Fund (5 digits)	Org (AU/Prog) (6 digits)	Project/Grant (SC + 5 digits)	BY (Budget Year)
			SC	

Submitted by: _____
(Signature) (Date)

Approved by: _____
(Signature) (Date)