

AUBURN PUBLIC SCHOOLS
Auburn, Massachusetts
MILEAGE REIMBURSEMENT REQUEST

NAME: _____ Period From: _____

Supervisor: _____ Page _____ of _____

Date	Odo meter		Miles	Expense	Narrative
	Start	Stop			

Travel Voucher

In compliance with the Town By-Law Chapter V, Section six, I have provided my supervisor with an accounting of miles travelled within the Town and surrounding areas in connection with my duties as _____ for the period between _____ and _____
_____ total miles at \$.50.5 per mile \$ _____ Other Expenses _____ Total _____

Signature

Supervisor

Date _____