

**CLINTON-MASSIE LOCAL SCHOOLS**  
**TRAVEL REIMBURSEMENT FORM**

Please submit Monthly

Name \_\_\_\_\_

Date	Destination	Mileage Exp (miles x .535)	Other Expense Itemized Receipts	Total Expense

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_