Claymont City School District

Travel Reimbursement Form

TO BE SUBMITTED BY THE FIRST OF EACH MONTH

NAME: _____ MONTH: _____

DATE	DESTINATION	REASON	MILEAGE

Additional Expenses for: _____ Amount: _____

Mileage 0 X $.555 = Total Mileage Cost $0.00

Total Expenses $0.00

_____ _____

(Employee's signature) (Superintendent's signature)