

**AUBURN PUBLIC SCHOOLS**  
Auburn, MA



**MILEAGE REIMBURSEMENT REQUEST**

Name: \_\_\_\_\_

Period From: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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Date	Odometer		Miles	Expense	Narrative
	Start	Stop			

Travel Voucher

In compliance with the Town By-Law Chapter VI, Section 6.02 I have provided my Supervisor with an accounting of miles traveled within the Town and surrounding areas in connection with my duties as \_\_\_\_\_ for the period between \_\_\_\_\_ and \_\_\_\_\_.

The total miles of \_\_\_\_\_ at \$.67 per mile equals \$ \_\_\_\_\_ + Other Expenses \$ \_\_\_\_\_

Total Reimbursement is \$ \_\_\_\_\_.

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

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_