

**DOVER SCHOOL DEPARTMENT
DOVER, NEW HAMPSHIRE**

NAME: _____

MONTH: _____

Directions for using this form: Copies of this report should be made out at the *end of each month* and submitted to the Business Administrator for approval and payment by Accounts Payable Department.

DATE	FROM LOCATION	TO LOCATION	PURPOSE OF VISIT	NO. MILES
			TOTAL MILES	
			AMT. OF REIMBURSEMENT (total miles X .535)*	

*Effective January 1, 2017

Account Number: _ _ _ - _ _ - _ _ _ - _ _ - _ _ _ - _ _ - _ _ _

I certify that this account is correct and represents the actual mileage traveling in the discharge of my duties.

Name (Signature)

Date

Authorized Administrator

Date

Business Administrator

Date