**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 |
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| | | | TOTAL MILES | |
| | | | AMT. OF REIMBURSEMENT (total miles X .545)* | |

*Effective January 1, 2018

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