

Otsego Public Schools

Mileage and Expense Reimbursement

Employee _____

Professional Leave Expense Yes _____ No _____ Amount Received Year to Date _____

Conference Attended _____

Curriculum Area _____ Registration P.O. Number _____

Date	Mileage, Registration, Expenses, Etc.	Budget Reference Number	Amount
<i>Effective 1-1-07 the mileage reimbursement rate is 40¢ per mile.</i>			
TOTAL TO BE REIMBURSED			

Employee's Signature _____ Date _____

Administrator's Signature _____ Date _____

Superintendent's Signature _____ Date _____

FOR CENTRAL OFFICE USE ONLY

ASN #	Vendor #	Amount	Description	Date