

CHRISTIAN COUNTY PUBLIC SCHOOLS  
200 GLASS AVENUE  
HOPKINSVILLE, KENTUCKY 42240

Check No.	_____
Vendor No.	_____
Invoice No.	_____
Account No.	_____
Amount Paid	_____
Date Paid	_____

NAME \_\_\_\_\_

IN-DISTRICT MILEAGE REIMBURSEMENT

MONTH(S) OF: \_\_\_\_\_, 20 \_\_\_\_\_ Submitted: \_\_\_\_\_, 20 \_\_\_\_\_

DATE	FROM - TO	MILES
<b>TOTAL MILES</b>		
<b>MILEAGE REIMBURSEMENT @</b>		
\$0.45 / MILE		\$

I HEREBY CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED IN THE ABOVE STATEMENT WERE INCURRED BY ME IN THE DISCHARGE OF OFFICIAL BUSINESS; THAT THEY ARE PROPER CHARGES AGAINST THE ACCOUNT LISTED THAT ANY PRIVATE AUTO ALLOWANCE CLAIMED COVERS USE OF THE AUTOMOBILE OWNED BY ME.

\_\_\_\_\_ DATE

\_\_\_\_\_ Signature

\_\_\_\_\_ Principal Approval:

\_\_\_\_\_ POSITION

\_\_\_\_\_ Home Address

\_\_\_\_\_ City / State / Zip



\_\_\_\_\_ DATE

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

\_\_\_\_\_ Approved for Payment - Finance Officer