

Bourne Public Schools Personal Expense and Mileage Report

Employee: _____ Vendor #: _____

Mailing Address: _____

Department: _____

Reimbursement Purpose: _____

Date	Description of Expense	Miles x 0.58 (2019 rate)	Amount
Total			

Receipts and drive plan must be included for reimbursement. Mileage tracking can be provided from Mapquest, Google Maps, etc.

I certify the above to be correct:

Signature of Employee Date

Department Manager Date

Account to be charged: _____