

Essex County Schools of Technology
Business Travel/Mileage Reimbursement Request - SY 2021-2022
For the Period From: ___/___/___ To: ___/___/___

Employee Name:

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Date	Departure Point	Destination	Reason	Board Resolution if applicable	Round Trip Mileage
Total Miles			x Reimbursement Rate* =		Reimbursement Amount
0.0			\$0.35		\$0.00

Employee Signature:	
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Date:	
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PLEASE ATTACH THIS SHEET TO THE COMPLETED REQUISITION FORM

Approved by _____
 Administrator - Print Name

Dated: _____

 Administrator - Signature