

**Essex County Schools of Technology**  
**Business Travel/Mileage Reimbursement Request - SY 2022-2023**  
**For the Period From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_**

Employee Name:

--	--	--	--

Date	Departure Point	Destination	Reason	Board Resolution if applicable	Round Trip Mileage
<b>Total Miles</b>			<b>x Reimbursement Rate* =</b>		<b>Reimbursement Amount</b>
0.0			\$0.47		\$0.00

<b>Employee Signature:</b>	
----------------------------	--

Date:	
-------	--

*PLEASE ATTACH THIS SHEET TO THE COMPLETED REQUISITION FORM*

Approved by \_\_\_\_\_  
 Administrator - Print Name

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Administrator - Signature