

**Essex County Schools of Technology**  
**Business Travel/Mileage Reimbursement Request - SY 2023-2024**  
**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>
			\$0.47		\$

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

Date:

--

*PLEASE ATTACH THIS SHEET TO THE COMPLETED REQUISITION FORM*

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

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

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