Essex County Schools of Technology
Business Travel/Mileage Reimbursement Request - SY 2025-2026
For the Period From: ___/___/___ To: ___/___/___

Employee Name:				

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

Employee Signature:		Date:	

PLEASE ATTACH THIS SHEET TO THE COMPLETED REQUISITION FORM

Approved by _____ Dated:_____

Administrator - Print Name

_____

Administrator - Signature