

**NEWTOWN PUBLIC SCHOOLS
BUSINESS OFFICE**

**EMPLOYEE TRAVEL REIMBURSEMENT FORM
(PLEASE TYPE OR PRINT)**

**SUBMIT TO ACCOUNTS PAYABLE
(JIM DELGADO @ 203 426-7611)**

DATE: _____

PAYMENT TO: _____

SEND CHECK TO: _____

MILEAGE:

TRAVEL DATE (ATTACH DETAILED LISTING FOR MULTIPLE TRAVEL DATES): _____

PURPOSE FOR TRAVEL (REQUIRED INFO): _____

MILEAGE: _____

REIMBURSEMENT @ .58 CENTS PER MILE (AS OF 1/1/2019) _____

OTHER TRAVEL EXPENSE (PARKING, TOLLS, ETC.): _____

EXPLAIN: _____

TOTAL REIMBURSEMENT DUE: _____

REQUESTOR'S SIGNATURE: _____

APPROVED BY: _____
SIGNATURE OF SUPERVISOR/PRINCIPAL

CHARGE TO ACCOUNT # OR GRANT: _____

VENDOR # _____

ORIGINAL INVOICE OR ANY OTHER DOCUMENT THAT SUBSTANTIATES ITEMIZED PURCHASES MUST BE STAPLED TO THE BACK OF THIS REQUEST ALONG WITH PROOF OF PAYMENT (CANCELLED CHECK, CREDIT CARD RECEIPT, ETC.). BOTH REQUESTOR'S AND SUPERVISOR'S OR PRINCIPAL'S SIGNATURES ARE REQUIRED. IF THE FORM IS NOT COMPLETED PROPERLY, IT WILL BE RETURNED FOR CORRECTION AND THAT WILL DELAY PAYMENT.

REVISED 1/18/19