

Clarion-Goldfield-Dows Travel Reimbursement Request

Name _____

Date(s) _____

Location _____

Purpose _____

Total Miles _____

Total Miles x \$0.50 _____

Other Expense _____ Explain: _____

Total Reimbursement _____

Signature of Traveler _____

Principal Approval _____

Superintendent Approval _____

Please attach a google map of your trip from either your home or your building, whichever is closer, to your destination and back. This will now be used as backing for your miles rather than odometer readings.