

**ESTILL COUNTY BOARD OF EDUCATION**

**REIMBUARSABLE MILEAGE CLAIM FORM**

Travel in connection with \_\_\_\_\_ Program/Grant

Dates covered \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_, \_\_\_\_\_

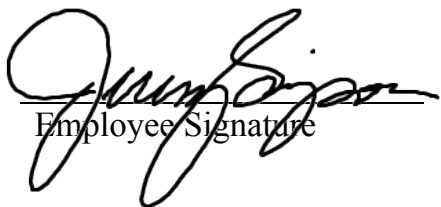
ORG \_\_\_\_\_ OBJ \_\_\_\_\_ PROJ \_\_\_\_\_ AMT \_\_\_\_\_

ORG \_\_\_\_\_ OBJ \_\_\_\_\_ PROJ \_\_\_\_\_ AMT \_\_\_\_\_

***CODING MUST BE COMPLETE FOR PAYMENT***

Date	Person or Place Visited	Purpose of Trip	Mileage

TOTAL MILES FOR PERIOD \_\_\_\_\_ @ \_\_\_\_\_ PER MILE = \_\_\_\_\_



Employee Signature

Date

Project Coordinator

Date