STAFFORD PUBLIC SCHOOLS TRAVEL EXPENSE FORM

Name:		
DATE	Home to Work (h-w) = TRIPS/EVENTS	Total R/T Miles
DATE	INFO/EVENTO	TOTAL IVILLES
	Total Miles 2024 Mileage allowance 0.67	
	2024 Mileage allowance 0.67 Total Reimbursement	
	he travel indicated above was officially necessary; that the distances charged for are to y knowledge and belief, correct.	
Submitted by	:Purchase Order Number:	
	pervisor:	