Essex County Schools of Technology Business Travel/Mileage Reimbursement Request - SY 2024-2025 For the Period From: ___/___ To: ___/___

Employee Name: **Departure Point** Destination Round Trip Mileage **Date** Reason Board Resolution if applicable **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