

## MILEAGE REIMBURSEMENT\*

The following documentation is needed when submitting for mileage reimbursement:

- Voucher signed by employee showing:
  - date of travel
  - name of workshop/travel event
  - destination
  - number of miles
  - receipts for tolls and parking
  
- Copy of Professional Day Post Travel Report completed by attendee
  
- Copy of Mapquest **mileage calculator** documenting the number of **miles traveled from your school**

**\*The current mileage reimbursement rate is \$.31 per mile.**

Haddon Township Board of Education  
 Administration Office  
 500 Rhoads Ave.  
 Westmont NJ 08108  
 856-869-7705 Fax: 856-854-7792

Date \_\_\_\_\_

Pay To: \_\_\_\_\_

Vendor # \_\_\_\_\_

Address: \_\_\_\_\_

Requisition # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Quantity	Description	Price	Amount
	<i>Mileage Reimbursement</i>		
	<b>Name of Workshop/Travel Event:</b>		
	<b>Date of Workshop/Event:</b>		
	<b>Location of Event:</b>		
	<b>Number of Miles*:</b>	@ \$.31/mile	
	<b>Tolls, if applicable(receipts attached)</b>		
	<b>Parking, if applicable (receipts attached)</b>		
	<b>*Copy of Mapquest mileage calculator must be attached (miles from your School to event)</b>		
		<b>Total</b>	

**Claimant's Certification & Declaration**

**No Purchase Order has been prepared for this payment. Per this signed requisition, all items have been received or services rendered.**

I do solemnly declare under the penalties of the law that the within bill is correct in all its particulars: that the articles have been furnished or services rendered as stated therein: that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the claim: that the amount therein stated is justly due and owing: and that the amount charged is a reasonable one.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Position

**PLEASE ATTACH A COPY OF THE PROFESSIONAL DAY REPORT FOR THIS EVENT**

HADDON TOWNSHIP BOARD OF EDUCATION

**Report on Professional Day / Post Travel Report**

Name \_\_\_\_\_

School \_\_\_\_\_

Name of Workshop/Travel Event: \_\_\_\_\_

Date of Workshop/Travel Event: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Event (Workshop, Convention, Seminar, Meeting): \_\_\_\_\_

Brief Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this workshop content help enrich the district? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you will be submitting a requisition for mileage reimbursement,  
please attach another copy of this form to the requisition.**

Elementary / MS Staff please submit to: Principal

Liz Mennig, Ass't Superintendent for C&I

High School Staff please submit to:

Principal

Department Facilitator

Liz Mennig, Ass't Superintendent for C&I