

St. Joseph Public Schools

Monthly Travel/Reimbursement Request- Effective January 1, 2023 (new mileage rate)

Date Submitted			Period Covered				
Name				Page	1		
Date	Description	Miles	Dollar	Meals	Other	Daily Total	
	Summary Totals					\$ -	
*Other expenses are tolls, parking, etc.		7	Total Amount of Voucher				
No overnight lo	odging					•	
Mileage rate-	0.655						
Effective January 1, 2023			Signature				
I hereby certify	that all items of expenses						
included in this statement were incurred		Appro	Approval (Department Head or Supervisor) Date				
_	e of authorized official						
business; that the amounts are correct			Approval (Department Head or Supervisor) Date				
and that they represent proper charges;		Appro	Approval (Department Head or Supervisor)				
against the SJP	3 .	Acct. No.					
		Acct. No.				\$ -	
		Acct. No.				\$ -	
		Gross Amo	unt				