WHITE RIVER VALLEY SUPERVISORY UNION

TRAVEL REIMBURSEMENT REQUEST

NAME: _____

SCHOOL: _____

Date	From	To	Purpose of Trip	Mileage

Effective January 2018 $0.545 total mileage ____ x .545 = _____

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

ACCOUNT #: _____

Revised 1/2018