

# STAFFORD PUBLIC SCHOOLS

## TRAVEL EXPENSE FORM

Name: \_\_\_\_\_

Home to Work (h-w) = \_\_\_\_\_

[illegible]

2023 Mileage allowance	0.655	Total Miles	
		Total Reimbursement	

I certify that the travel indicated above was officially necessary; that the distances charged for are to the best of my knowledge and belief, correct.

Submitted by: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

Principal/Supervisor:\_\_\_\_\_

revised 1/1/2023