NEOGA COMMUNITY UNIT SCHOOL DISTRICT #3

MILEAGE REIMBURSEMENT REQUISITION

This form must be submitted to the Unit Office by the 25th day of the month. A check will be issued following board approval.

| DATE | | NAME | |
|-------|-------------|-----------------|-----------------------|
| Date | Destination | Purpose of Trip | Mileage |
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| | | Total Miles | |
| | | Rate per Mile | 0.535 |
| | | TOTAL REIMBU | URSEMENT |
| APPRO | DVED: | | |
| Dat | te | | |
| Da | | Signat | ture of Principal |
| Dat | te | | of Companies and Lond |
| | | Signature | of Superintendent |