ATLANTA INDEPENDENT SCHOOL DISTRICT

MONTHLY TRAVEL REIMBURSEMENT REQUEST

Employee Name	**Time period**

Date	Departed	Destination	Purpose	# of miles
TOTAL MILES TRAVELED THIS PERIOD				

RATE IN EFFECT = .585 PER MILE **TOTAL** **$**

(Revised 1/1/2022)

Employee Signature *Date*	*Approval (Principal)* *Date*

Approval (Administration) *Date*	*Fund/Budget Account Number*