ATLANTA INDEPENDENT SCHOOL DISTRICT MONTHLY TRAVEL REIMBURSEMENT REQUEST

Employee Name			Time period	щ
Date	Departed	Destination	Purpose	# of miles
	+			
TOTAL MILES TRAVELED THIS PERIOD				0.0
RATE IN EFFECT = .625 PER MILE			TOTAL	\$ -
	(Revised 7/	1/2022)		
		Employee Signature		Date