

**NEWTOWN PUBLIC SCHOOLS  
BUSINESS OFFICE**

**EMPLOYEE TRAVEL REIMBURSEMENT FORM  
(PLEASE TYPE OR PRINT)**

**SUBMIT TO ACCOUNTS PAYABLE  
(JIM DELGADO @ 203 426-7611)**

**DATE:** \_\_\_\_\_

**PAYMENT TO:** \_\_\_\_\_

**SEND CHECK TO:** \_\_\_\_\_

---

**MILEAGE:**

**TRAVEL DATE (ATTACH DETAILED LISTING FOR MULTIPLE TRAVEL DATES):** \_\_\_\_\_

**PURPOSE FOR TRAVEL (REQUIRED INFO):** \_\_\_\_\_

**MILEAGE:** \_\_\_\_\_

**REIMBURSEMENT @ 53.5 CENTS PER MILE (AS OF 1/1/2017)** \_\_\_\_\_

---

**OTHER TRAVEL EXPENSE (PARKING, TOLLS, ETC.):** \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

---

**TOTAL REIMBURSEMENT DUE:** \_\_\_\_\_

---

**REQUESTOR'S SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_  
SIGNATURE OF SUPERVISOR/PRINCIPAL

**CHARGE TO ACCOUNT # OR GRANT:** \_\_\_\_\_

**VENDOR #** \_\_\_\_\_

ORIGINAL INVOICE OR ANY OTHER DOCUMENT THAT SUBSTANTIATES ITEMIZED PURCHASES MUST BE STAPLED TO THE BACK OF THIS REQUEST ALONG WITH PROOF OF PAYMENT (CANCELLED CHECK, CREDIT CARD RECEIPT, ETC.). BOTH REQUESTOR'S AND SUPERVISOR'S OR PRINCIPAL'S SIGNATURES ARE REQUIRED. IF THE FORM IS NOT COMPLETED PROPERLY, IT WILL BE RETURNED FOR CORRECTION AND THAT WILL DELAY PAYMENT.