STAFFORD COUNTY PUBLIC SCHOOLS

STATEMENT OF TRAVEL/OTHER EXPENSES

UPDATED to reflect IRS published mileage rate of $0.54/mile

Due to Accounts Payable no later than the third Wednesday following the end of the month being reported.

EMPLOYEE NAME:

HOME ADDRESS:

POSITION/LOCATION:

MONTH: **YEAR:**

Date	Nature & Purpose of Expenditure	Miles Traveled	Other Expenses
	TOTAL	0	0
	TOTAL MILEAGE (MILES TRAVELED multiplied by IRS published rate) **	***$0.540***	**$ -**
	TOTAL OTHER EXPENSES		**$ -**
	TOTAL REIMBURSEMENT		**$ -**

Employee Signature/Date: _____

Expenditure: **Project:** **VENDOR#:**

APPROVED FOR PAYMENT: ***DATE:***

***** GRANT TRAVEL REIMBURSEMENT RATE SUBJECT TO GRANT CRITERIA***

As of January 1, 2016