

### RCCDC TRAVEL REIMBURSEMENT FORM

**EMPLOYEE NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_ **HOME CENTER/LOCATION:** \_\_\_\_\_

**FUNDING SOURCE:**    **HS**     **EHS**            **MONTH/YEAR:** \_\_\_\_\_

DATE	DEPARTED FROM	TRAVELED TO	PURPOSE OF TRAVEL	PERSONS RIDING WITH YOU	MILEAGE

<b>HOME TO WORK MILES:</b> _____	Total Miles Reimbursed	
	X \$.625 Per Mile = Your Reimbursement	
	X \$.00 Per Mile = In-Kind Share	

**PURPOSE OF TRAVEL should be limited to:** travel to/between centers, home visits, pupil transportation, travel to training/coursework, travel to medical or social services, and related program support services.

**MILEAGE should be round trip distance and rounded to the nearest whole mile.**

*I certify that this information is accurate and true, and I understand that falsifying this form could result in termination.*

\_\_\_\_\_ **Employee Signature**                      \_\_\_\_\_ **Date Submitted**                      \_\_\_\_\_ **Supervisor Signature**                      \_\_\_\_\_ **Date Approved**