BERKSHIRE BOARD OF EDUCATION

APPLICATION FOR MILEAGE REIMBURSEMENT

DATE	FROM	TO	# OF MILES	PURPOSE

* MAP QUEST MUST BE ATTACHED TO THIS FORM *

TOTAL MILES: _____ X .54 PER MILE = $ _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SUPERINTENDENT SIGNATURE: _____ DATE: _____