



# APPS EMPLOYEE TRAVEL REIMBURSEMENT CLAIM FORM

I have attached a copy of my NJ Insurance Information Card as required by NJAC 6A:23A-7.9 (c) 4 (v). All travel shall be by the most direct, economical and usually-traveled route per NJAC 6A:23A-7.10 (a) 1. Please attach original receipts and a Google Maps (or similar) route directions that indicate the total travel mileage for each Board-approved trip. Travel mileage reimbursement requests not submitted by July 30 for the just-completed school year shall not be approved or paid per NJAC 6A:23A-7.13 (g). I affirm and attest that the information contained herein is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<u>Date</u>	<u>From</u>	<u>To</u>	<u>Purpose</u>	<u>Miles*</u>
	Location Name / Address / City or Zip	Location Name / Address / City or Zip		
	Location Name / Address / City or Zip	Location Name / Address / City or Zip		
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	Location Name / Address / City or Zip	Location Name / Address / City or Zip		

District Name:	<b>Total Miles</b>	
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District Approved by:	Date: / /	<b>Mileage Rate</b>	x \$.35/mile
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MOESC Approved by:	Date: / /	<b>Total Reimbursable</b>	\$
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GAAP Account Number: 70-018-200-580-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\* Mileage for each trip should be calculated by an attached Google Maps (or similar) route directions.