



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		
	Location Name / Address / City or Zip	Location Name / Address / City or Zip		
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Comments:	Total Miles	
	Mileage Factor <small>(For travel on/after July 1, 2019)</small>	x \$.35/mile
Your Supervisor's Approval: Date: / /	Total Mileage Expenses	\$
Superintendent (or designee) Approval (if applicable): Date: / /	Total Tolls & Other <small>(Attach Receipts~)</small>	\$
GAAP Account #: - - - - - 580 - 000 - - - - -	Total Reimbursable	\$

* Mileage for each trip should be calculated by an attached Google Maps (or similar) route directions. Revised: 7/1/2020 AV
~ Attach original receipts and supporting documentation for all Board-approved toll, parking and/or other expenses.