LOYALSOCK TOWNSHIP SCHOOL DISTRICT

MILEAGE REIMBURSEMENT REQUEST

Employee Name: _____ **Date:** _____

ALL APPLICABLE RECEIPTS MUST BE ATTACHED.
PLEASE SUBMIT THIS FORM TO THE BUSINESS OFFICE BY THE 10TH OF EACH MONTH.

TRAVEL DATE	POINT OF ORIGIN	DESTINATION	# OF MILES	OTHER EXPENDITURES

MILEAGE EXPENSE (TOTAL MILES X .76) $_____
(Effective 7/1/2026)
OTHER EXPENSES $ _____

TOTAL REIMBURSEMENT REQUESTED $_____

_____ _____
EMPLOYEE SIGNATURE **DATE**

_____ _____
APPROVAL SIGNATURE **DATE**

DISTRICT OFFICE USE

_____
DATE RECEIVED AT DSC

_____
ACCOUNTING CODE

Revised: 7/1/2026