

Littleton Public Schools

Town of Littleton Massachusetts

Employee Reimbursement Request

Vendor #

Employee Name

Employee Address

City State Zip

Account # to Charge _____

Attach a MapQuest form for all out of district trips

Date	From	То	*Miles	Mileage @ .67 per mile	Reason for Travel or Description of Expenses	**Tolls, Parking, etc	**Other Expenses	TOTAL
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*Mapquest® Documentation required for out of town travel

**Receipts required - please attach original receipts

Standard Mileage Chart				
	Central	High	Middle	Shaker
	Office	School	school	Lane
Central Office	0			
High School	1.7	0		
Middle School	1	1.3	0	
Shaker Lane	2.1	4	3	0
Russell Street	1.3	1.6	0.4	3.3

Employee Signature	
	date
Building Principal Approval	
	date
District Approval	
	date
District Approval	