

MILEAGE REQUISITION
BUTLER R-V SCHOOL DISTRICT

DATE: _____

NAME: _____

ASSIGNMENT/DEPARTMENT: _____

TRIP TO _____

OVERNIGHT	YES	NO	MEALS	YES	NO
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MILEAGE ROUND TRIP _____

REASON FOR TRIP _____

SIGNATURE _____

Lodging and meal tickets must be turned in with this form for reimbursement.

SIGNATURE OF SUPERVISOR (Principal, Director, etc.)

ACCOUNT NAME	ACCOUNT NUMBER
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SUPERINTENDENT

APPROVED _____ NOT APPROVED _____