Form #112A

TI	FUND	FUNC	OBJ	SPCC	SUBJ	OPU	IL	JOB	AMOUNT

REQUEST FOR TRAVEL REIMBURSEMENT

Name_____ Mileage for Month of_____
Assignment_____ Date of Submission_____

DATE	PLACE/PURPOSE OF TRAVEL	MILEAGE

Signature _____
Approved By_____
Administrator

Total Miles _____
_____(x) $._____/Per
(=)Total Mileage $ _____
(+)Tolls, Prkg., Etc.$ _____
Total Due $_____

Treasurer's Certificate

It is hereby certified that the amount $_____ required to meet the contract, agreement, obligation, payment or expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in process of collection to the credit of the _____ fund free from any obligation or certification now standing.

Date_____

_____
Treasurer, Sandusky Board of Education