MILEAGE AND EXPENSE REIMBURSEMENT FORMS MUST BE SUBMITTED PROMPTLY AT THE END OF EACH MONTH. FAILURE TO SUBMIT THEM ON A TIMELY BASIS MAY RESULT IN NON-PAYMENT.

PORTA MILEAGE REIMBURSEMENT FORM

Name_____ Month/Year_____

Date	Destination	Purpose	Miles

Total Miles _____

.485 per mile

Total Reimbursement _____

_____

Principal's Signature Date

PORTA Form #106