



**Reimbursement of Travel Expenses
In the Discharge of Official Duty
For the Month of _____ 20_____**

Employee's Name: _____
Title/School Bldg.: _____

Business office Use Only
No.: _____
Approved: _____

This is to certify that the above statement is true, and that all travel reported was for travel made in the discharge of my official duties in connection with WHSD. Must be filed within 30 days.

Employee Signature Date Business Manager Signature Date

Day	From	To	& Back	Purpose	Mileage
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total # of Miles					
Total Mileage x Current IRS reimbursement Rate.					\$



Google Maps Mileage Matrix

Mileage Matrix (Codes)	WHES (ES)	WHHS (HS)	Divine Mercy West (OMOS)	St. Sophia's (SS)	Ferndale ES (FES)	Ferndale HS (FHS)
WHES (ES)	X	2.9	0.6	2.0	0.7	3.6
WHHS (HS)	2.9	X	3.4	3.4	3.4	5.1
Divine Mercy West (OMOS)	0.6	3.4	X	0.3	0.3	3.8
St. Sophia's (SS)	2.0	3.4	0.3	X	2.5	1.7
Ferndale Area ES (FAES)	0.7	3.4	0.3	2.5	X	3.6
Ferndale HS (FAHS)	3.6	5.1	3.8	1.7	3.6	X