# Manchester Public Schools
# Parent Travel Log for Mileage Reimbursement

Instructions: You may submit this form immediately after expenses are incurred or accumulate expenses and submit on a bi-monthly or monthly basis. You may send the completed form to:
**Manchester Public Schools, Attn: Shelly Matfess, 45 North School St., Manchester, CT 06042**

For the period of: _____, 20____ through _____, 20____

Parent Name: _____ ____ Student Name: _____

Home Address: _____ _____
Street City, State, Zip

| Date Traveled | Location From (include address if other than home) | Location To (include address if other than home) | Purpose | Mileage |
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| **Total Miles:** | 0 | **at $.56 per mile = $** | $ 0.00 | |

**Effective January 1, 2014 the mileage rate is $.56**

*I certify that the above information is true and that it records only miles driven for the benefit of student services*: _____ _____
Signature Date

**FOR OFFICE USE ONLY**

**Account Number:** _____ **Supervisor Signature:** _____