

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE
620 Industrial, Box 760
Goddard, KS 67052

Request for Mileage Reimbursement

Date Filed

On _____, I incurred mileage* in the amount of _____
Date Number of miles

to attend a _____ at _____
type of meeting place

Signature Date

Approved (Administration) Date

**TO BE USED FOR MEETINGS/INSERVICE OUTSIDE THE
COOPERATIVE/WICHITA AREA**

** Cost of gasoline used in your (attach receipt**) \$ _____
personal vehicle to attend meeting
15% of cost \$ _____
Total amount of reimbursement \$ _____

Signature Date

Approved (Administration) Date

SPECIAL NOTE:

* Reimbursement will be at the rate determined by the State of Kansas.

* *For Cost of gasoline, fill up before you leave, fill up on your return, turn in return receipt only for reimbursement.