

BLACKSTONE-MILLVILLE REGIONAL SCHOOL DISTRICT
175 Lincoln Street
Blackstone, MA 01504

REQUEST FOR REIMBURSEMENT

Name: _____ School: _____ Date Submitted: _____

***Note: Requests for reimbursement for meals, lodging, parking and other non-mileage items must be accompanied by receipts. Failure to provide may result in denial of reimbursement.**

Rate of reimbursement is \$.56/mile.

MILEAGE REIMBURSEMENT

Date	Destination BMR to -	Event	Total Miles	X Rate	Total Dollar Request

OTHER REIMBURSEMENT

Date	Event	Type (meal, parking, lodging, etc.)	Amount	Receipt Attached yes no	

Employee Signature _____

Building Administrator _____