SCHOOL ADMINISTRATIVE UNIT #53
267 PEMBROKE STREET
PEMBROKE, NH 03275
Phone: (603) 485-5187
Fax: (603) 485-9529

SPECIAL EDUCATION MILEAGE

NAME: (please print) _____ Date: _____

ADDRESS: _____

SCHOOL DISTRICT: _____ TELEPHONE NUMBER: _____

DATE	TOTAL MILEAGE	DESTINATION TO / FROM	OTHER EXPENSES**	ACCT. TO BE PAID FROM

TOTAL MILEAGE _____ @ _____ per mile = _____

TOTAL OF OTHER EXPENSES _____

TOTAL AMT DUE _____

APPROVED BY _____
PRINCIPAL / SPED DIRECTOR

OTHER EXPENSES / PARKING OR TOLLS – **RECEIPTS *MUST* BE ATTACHED