Revised Jan. 2026

George County School District

In-District Travel Reimbursement Voucher

This form will be the authorized reporting form for mileage reimbursement for employees whose job assignments require them to travel using their personal vehicles in the performance of their duties.

Policy Reference: DJD Expense Reimbursements

Name _____ Job Title _____

Travel Period _____ to _____ Expenditure Code _____

Travel Date	Trip Routing: Include All Stops	Miles Traveled

Office Use:			
Vendor #		**Total Miles this Page**	0
Invoice #		**Miles from back side of form**	0
ACH information has been submitted:	☐	**Total Miles**	0
		Reimbursement Amount effective 1/1/2026 .725	0.00

I certify that I have actually traveled to perform the duties of my job assignment as indicated on the above report and am entitled to reimbursement for such travel as per board policy.

I also understand that I will not receive a paper check and I verify that my ACH deposit information has been submitted to the Business Office.

_____ Employee Signature

_____ Supervisor Approval

2025-2026

Travel Date	Trip Routing: Include All Stops	Miles Traveled
	Total Miles this Page	0