COPESD
FINANCE DEPARTMENT

2026 - 2027
MILEAGE & EXPENSE REIMBURSEMENT

(DUE 1ST FRIDAY OF EACH MONTH TO YOUR SUPERVISOR)

REVISED AUGUST 2025

MONTH: _____

NAME: _____

POSITION: _____

ACCT # (REGULAR DUTY MILES): _____ **TOTAL:** _____
ACCT # (PD MILES): _____ **TOTAL:** _____
ACCT #: _____ **TOTAL:** _____
ACCT #: _____ **TOTAL:** _____
ACCT #: _____ **TOTAL:** _____
ACCT #: _____ **TOTAL:** _____
CHECK TOTAL: _____

DATE	PLACE (ROUTE OF TRAVEL/START AND STOP)	PURPOSE (DESCRIBE REASON FOR TRAVEL/EXPENSE)	REGULAR DUTY MILES	PD MILES	MEALS	LODGING	SUPPLIES	DUES & FEES
		SUB TOTAL (FRONT PAGE)						
		SUB TOTAL (BACK PAGE)						
		GRAND TOTAL						

_____
SIGNATURE

_____
DATE

_____
APPROVED

_____
DATE

DATE	PLACE (ROUTE OF TRAVEL/START AND STOP)	PURPOSE (DESCRIBE REASON FOR TRAVEL/EXPENSE)	REGULAR DUTY MILES	PD MILES	MEALS	LODGING	SUPPLIES	DUES & FEES
		SUB TOTAL (BACK PAGE)						