COPESD
FINANCE DEPARTMENT

2026 - 2027
MILEAGE & EXPENSE REIMBURSEMENT

(Due 1st Friday of Each Month to your Supervisor)

Revised August 2024

MONTH: _____

NAME: _____

POSITION: _____

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

ACCT # (PD MILES): _____ **TOTAL:** _____

ACCT #: _____ **TOTAL:** _____

ACCT #: _____ **TOTAL:** _____

ACCT #: _____ **TOTAL:** _____

CHECK TOTAL: $ 0.00

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)	0	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00
		SUB TOTAL (BACK PAGE)	0	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00
		GRAND TOTAL	0	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00

_____
SIGNATURE AND DATE

_____
APPROVED AND 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