

**Program Supervisor Mileage Reimbursement
Teaching, Learning Sociocultural Studies Department**

PLEASE PRINT

DATE: _____

NAME: _____ **SEMESTER:** _____ **YEAR:** _____

EID: _____

STREET ADDRESS: _____

CITY/ZIP CODE: _____

Fall Deadline: December 10

Spring Deadline: May 10

List each student below:

Course Number	Student	School Site	Amount per student

Record dates of travel and school sites visited below:

Total Reimbursement: _____

DATE	School Site	DATE	School Site

I hereby certify that the travel indicated above was accomplished in the performance of official duties; that the information given above is true in all respects; and that no claim against the State has before been made for any part hereof.

Supervisor Signature: _____ **Date:** _____
Program/Field Experience Director: _____ **Date:** _____
Fiscal Officer: _____ **Date:** _____

Office Use Only:
 Course fee amounts: 493a; 493e;593a;593b =\$80; 493b; 493d =\$45
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