



## Employee Reimbursement for Bank Travel

*Tradition. Excellence. Innovation.*

TRAVEL TO: First Citizens Bank

DATE:	
NAME:	
SOCIAL SECURITY NUMBER:	

\*\*\* Mileage is to and from the closest First Citizen Bank to your school. \*\*\*

MONTH	DISTANCE TO BANK X NUMBER OF DAYS	TOTAL MILES
JULY		
AUGUST		
SEPTEMBER		
OCTOBER		
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
TOTAL REIMBURSEMENT	TOTAL MILES X \$0.67	

EMPLOYEE'S SIGNATURE\_\_\_\_\_

PRINCIPAL'S SIGNATURE\_\_\_\_\_