

**Maine Mathematics and Science Alliance**  
**PO Box 5359, Augusta, Maine 04332-5359**



**SCITEC Travel and Expense Reimbursement Form**

Name	
Date Submitted	
School District	
Mailing address for check	
Justification for Travel	

Mileage Rate: \$0.41/mile      Meals: B-\$8.00; L-\$12.00; D-\$21.00

Date	Travel To and From	Purpose of Travel	Number of Miles	Amount Claimed	Receipt Attached

**TOTAL CLAIMED**

"I certify that the amounts claimed are in accordance with MMSA policy, that all expenses were incurred in the course of performing my duties and that all detailed items charged were actually paid. I have included original receipts and have filled out the form completely."

Signature of Claimant/Date

Approved: