MILEAGE REIMBURSEMENT REQUEST FOR (print name):

***** Submit completed and fully approved form to the Business Office quarterly at minimum and no later than the last day of school *****

IN DISTRICT mileage **Use the Travel Mileage Calculator (ie. ST to MS is 6.2 miles)*

Date	Day	Location	Miles		Date	Day	Location	Miles
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0
			0					0

TOTAL IN DISTRICT MILEAGE 0

OUT OF DISTRICT mileage **Attach google directions or similar to confirm mileage*

Date	Day	Place Traveled/Reason	Miles
			0
			0
			0

TOTAL OUT OF DISTRICT MILEAGE 0

TOTAL ALL MILEAGE **0**

Purchase Order & Account #

TOTAL ALL MILEAGE x .35 $0.00

Employee Certification and Declaration: This Mileage Claim form represents expenses incurred during the course of my employment for which I am entitled to be reimbursed.

Employee Signature & Date

Supervisor/Principal Signature & Date

District Location*:

Home Address*:

****Expense checks are sent via interoffice mail to district location unless school is not in session***

rev. 10/18/2019