

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 5.8 miles)

[illegible]

TOTAL IN DISTRICT MILEAGE	0
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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
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TOTAL ALL MILEAGE	0
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Purchase Order & Account #

TOTAL ALL MILEAGE x .47	\$0.00
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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*