Mileage Reimbursement Form

Employee Requesting Mileage Reimbursement: _____

Date	Travel Purpose	Destination	Round Trip Mileage	Mileage Rate Per Mile	Total Mileage Reimbursement

_____ _____

Signature of Staff Member Requesting Mileage Reimbursement ***Date***

_____ _____

Signature of Supervisor **Date**

Please return this completed form to the Board Office. Your request will be submitted for approval at the first Board of Education meeting following the date of requisition. Your reimbursement will be in check form, available the day after the board meeting.