

MILEAGE REPORT

PURSUANT TO BOARD POLICY, YOU HAVE 10 DAYS FROM THE LAST DAY OF TRAVEL TO REQUEST REIMBURSEMENT

Please always attach a detailed printout as back-up for all mileage

NAME: _____ POSITION: _____ MONTH _____ 20____

DATE	LOCATION		PURPOSE	MILES	DATE	LOCATION		PURPOSE	MILES
	FROM	TO				FROM	TO		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL MILES				

MILEAGE COMPUTATION: _____ MILES @ 0.65.5 = \$ _____

Mileage must be from your work site to destination and back to work site. Use of home address as starting/ending point is not authorized.
PLEASE DO NOT SUBMIT FOR REIMBURSEMENT WITHOUT A PO #. FORMS WILL BE RETURNED IF NOT COMPLETED.

PURCHASE ORDER # _____ APPROVED BY: _____

ADMINISTRATOR (Required)

DATE

EFFECTIVE 1/1/2023