

MILEAGE REIMBURSEMENT CLAIM FOR COMMUNITY UNIT DISTRICT #3

MONTH/YEAR _____

Signature of person making claim

DATE	TRIP TO	PURPOSE	ODOMETER READING	NET MILES
Total Miles Claimed				

All mileage claims are due in the Board of Education Office on the first day of each month.

_____ Miles x ____ per Mile = Total Claim \$ _____

Administrator Approval _____ Initials
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E-mail of Person submitting Form: