FORM 2-05

MILEAGE REIMBURSEMENT CLAIM FOR COMMUNITY UNIT DISTRICT #3

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

_____
Name of person making claim

Month/Year _____

_____
E-mail of person submitting form:

DATE	TRIP TO	PURPOSE	ODOMETER READING	NET MILES

_____ Miles x _____ per Mile = Total Claim $_____

Please submit to your building principal/supervisor for approval signature

Administrators
Approval
_____
Initials

(Administrator use ONLY)