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 pe	rson submitting form:		ODOMETED	NET	
DATE	TRIP TO	PURPOSE	ODOMETER READING	MILES	
	1	Total N	Ailes Claimed		
Mi	les x per Mil	le = Total Claim \$_		Administra	
ease submit to v	our building principa	ıl/supervisor for app	roval signature	Approva Initials	

(Administrator use ONLY)