**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 |
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| | | | **Total Miles Claimed** | |

_____ Miles x _____ per Mile = Total Claim $_____

**Please submit to your building principal/supervisor for approval signature**

Administrators Approval
_____
Initials

(Administrator use ONLY)