FORM 2-05

MILEAGE REIMBURSEMENT CLAIM FOR COMMUNITY UNIT DISTRICT #3

_____
Name of person making claim

Month/Year _____

DATE	TRIP TO	PURPOSE	ODOMETER READING	NET MILES
			Total Miles Claimed	0.00

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

0 Miles x 0.545 per Mile = Total Claim $ 0.00

Administrators Approval

_____
Initials

Please submit to your building principal/supervisor for approval signature
E-mail of Person submitting Form:

Submit to Mr. Stotts | Submit to Mrs. Obert | Submit to Mrs. Smith | Submit to Board Office | Submit Approved Form