

MILEAGE REIMBURSEMENT REQUEST

Employee Name _____ Date _____

School _____

DATE	PLACE/PURPOSE <small>(Travel Outside of the School District Requires an Approved Professional Leave Request)</small>	ODOMETER READING		MILEAGE
		BEGINNING	ENDING	
Total Mileage				
District Car was <i>not available</i> , you were required to drive your personal car			@ \$0.485	
OR	District car was <i>available</i> , but you chose to drive your personal car		@ \$0.200	
Total Amount of Claimant's Reimbursement			\$	

I, _____, certify the amounts shown are accurate and correct. _____
 Signature of Claimant Date

Note: Please attach a signed yellow AP Voucher and submit to the building secretary.