LOCAL TRAVEL MILEAGE INFORMATION AND REIMBURSEMENT REQUEST School Year 2015-2016 (Effective 1/1/2016)

NAME:		MONTH:		
DATE	DEPARTURE (FROM)	DESTINATION (TO)	MILEAGE	ACTIVITY
	ct			

Note: Submit mileage 1st day of the succeeding month

7/1/15-12/31/15	X	.575 = \$	
	Total Miles Traveled	Rate per Mile	Reimbursement Amount
1/1/16-6/30/16	Χ	.54 = \$	
	Total Miles Traveled	Rate per Mile	Reimbursement Amount

The above is a true and correct statement of my local mileage expenses in transacting authorized school business for the month specified above and in accordance with the Board of Education policy.

Employee Signature:		Date:		
Approved By:	Date:	Acct#:		