

LOCAL TRAVEL MILEAGE INFORMATION  
 AND REIMBURSEMENT REQUEST  
 School Year 2016-2017  
 (Effective 1/1/2017)

NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_

DATE	DEPARTURE (FROM)	DESTINATION (TO)	MILEAGE	ACTIVITY

Note: Submit mileage 1<sup>st</sup> day of the succeeding month  
7/1/16-12/31/16 \_\_\_\_\_ X .54 = \$ \_\_\_\_\_  
   Total Miles Traveled   Rate per Mile                    Reimbursement Amount

1/1/17-6/30/17 \_\_\_\_\_ X .535 = \$ \_\_\_\_\_  
   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#:** \_\_\_\_\_