LOCAL TRAVEL MILEAGE INFORMATION
AND REIMBURSEMENT REQUEST
School Year 2013-2014

NAME: _____   MONTH: _____

DATE	DEPARTURE (FROM)	DESTINATION (TO)	MILEAGE	ACTIVITY

Note: Submit mileage 1st day of the succeeding month

_____ X _.56__ = $ _____
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#:** _____