

You may complete this form by typing in each field. Once complete, please print it, sign it and send it to Central Office.

Cabot

Twinfield

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## MILEAGE REIMBURSEMENT FORM - Effective 1/1/15

(Do not combine districts on one form)

Name: \_\_\_\_\_

**ENTER MILES**  
in one or more columns

Date	Travel From:	Travel To:	School Business Description *	<i>Training/Conference (580.XX.10)</i>	<i>Transport Students (519.00.00)</i>	<i>Travel to do your job (Bank, Post office, etc) (580.XX.00)</i>

\* for example: Deposit daily receipts, Spring Census Training, SPED instruction (with student's initials)

Signature	Date	Signature	Date
Employee		Administrator	

For Office Use Only:				
G/L Code: _____ _____ _____	Subtotal Miles	0	0	0
	IRS Rate:	0.575	0.575	0.575
	Subtotal \$	0.00	0.00	0.00
<b>Total Reimbursement Request:</b>		<b>\$</b>	<b>0.00</b>	