MILEAGE REIMBURSEMENTS

Please make sure the following information is completed so requests will be processed properly:

- Mileage Reimbursement Requests must be typed on the District approved mileage form (see next page).
- Mileage reimbursement requests must be submitted to the Accounting Department on a monthly basis not later than thirty days after the close of the month in which the expense was incurred.
- The district may not reimburse employees for accumulated or late claims. At the end of the year all reimbursements must be submitted by June 15 in order to appropriately charge the correct fiscal year.
- Mileage pertaining to conferences must be submitted on the Conference Reimbursement Form.
- The form must be signed by the claimant and approved by the department head or site principal.
- Please make sure to include the correct Pseudo/ Budget Code on each request.
- If more than one page is necessary for the month you may carry the total forward to a second page. List the total for the month on the last page only.
- Mileage will be audited using the District approved mileage chart and/or Mapquest.com. If you are traveling to a location that is not a district site you must attach a Mapquest printout of your trip. Odomoter readings are not accepted by our Auditors.

If you have any questions, please the Accounting Department.



MILEAGE REIMBURSEMENT FORM

NAME:				FOR THE MONTH OF :
DEPT/SCHOOL:				
TRAVEL DATE	<u>DESTIN</u> FROM	<u>IATION</u> TO	TOTAL MILES	REASON / DESCRIPTION
DATE	T IXOM	10	WIILLS	REAGON / DESCRIPTION
I hereby certify that the above are the actual TOTAL MILES				
and true expenses incurred by me in the performance of official duties.		RATE PER MILE		effective January 1, 2016
TOTAL MILES @ 54¢ PER MILE =				
Employee Signature:			Date:	
Principal / Dept Head Approval:			Date:	
Budget Department Approval:			Date:	
BUDGET CODE:				