

# ROMULUS COMMUNITY SCHOOLS MILEAGE REIMBURSEMENT FORM 2015 Mileage

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

School: \_\_\_\_\_

Please submit on a monthly basis, no later than 10 days from the end of the month.

DATE	FROM	TO	PURPOSE	MILEAGE
				TOTAL MILES
				MILEAGE RATE
				TOTAL

Account Number	Amount
TOTAL REIMBURSEMENT	

i hereby certify that the foregoing is an accurate statement of mileage, using my personal car, on authorized business.

Employee Signature

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Date

Department Head Approval

Date \_\_\_\_\_