Mileage Reimbursement



Revised 04/20/07 Form Owner: Financial Services

USER INSTRUCTIONS

Form Purpose: Use this form to request mileage reimbursement for district-related travel in your personal vehicle.

How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit a hard copy of this form.

Where to Send this Form: Please return a hard copy of this form to Financial Services-Payroll.

Deadline: Completed forms must be received in the Financial Services office by the 15th of the month in order for you to receive reimbursement on that month's paycheck.

<u>Additional Information</u>: Additional space is provided on the reverse side of this form. You may use additional sheets if necessary. The district will calculate the reimbursement amount.

ACCOUNT INFORMATION

Name:

Employee Number:

Building/Department:

In-District Mileage Account:

Out-of-District Mileage Account:

DATE	FROM LOCATION	TO LOCATION	PURPOSE	PARKING	MILES

PLEASE SIGN AND HAVE YOUR ADMINISTRATOR SIGN						
Employee's Signature:						
Administrator's Signature:						
Type or Print Administrator's Name:						
FINANCIAL SERVICE USE ONLY						
Total In-District Reimbursement:	Total Out-of-District Reimbursement:					
Total Reimbursement:						

PLEASE TYPE OR PRINT INFORMATION							
DATE	FROM LOCATION	TO LOCATION	PURPOSE	PARKING	MILES		
				Total This Side			
		Total Both Sides					