Office Use Only Payment Voucher No.

*milage reimbursement rate current as of January 1, 2015

MILEAGE REIMBURSMENT REQUEST

Employee Name	Budget Number	+	
Address	Total Miles* 0.0	@ 0.575 = \$0.00	
City, State, Zip	Budget Number		
Employee Signature	Total Miles*	@0.575 = \$0.00	
Approved By		Grand Total \$0.00	

The Board of Education allows mileage for use of personal automobiles only when used for official business. This does not include the distar traveled in going to or from home to the place of work for regular working hours. This request should be turned in at the close of each month

Date	From	То	Purpose	Miles

SUBMIT THIS FORM TO YOUR SUPERVISOR - ADDITIONAL SPACE ON REVERSE

Date	From	То	Purpose	Miles
			TOTAL	0.0
			IUIAL	0.0