

IN- DISTRICT MILEAGE REIMBURSEMENT FORM

Report due to Supervisor by the 5th of each month.

DATE	FF			TO	<u> </u>	PURPOSE OF TRIP		MILES		
If only 1 page	enter 0 in be	oxes 2 a	and 3.	If mo	re tha	an on	e page, p	lace pages in	Sub-Total Page 1	
descending or	<u>rder</u> Page	3 on to	p with I	Page	1 on	the b	ottom. C	arry forward pages 1	Sub-Total Page 2	
						-		gn each page, staple	Sub-Total Page 3	
in upper left-h	and corner a	and forw	ard to	Supe	rviso	r for (coding an	d signature.		
										Total Miles
										cents
Program/Sub	Program	Activi	ty			Objec	t	Building Location	Individual-	per X mile
									St Services & CHS	<u> </u>
								Reimbur	sement Total = \$	
								y me on behalf of the	=	
Clarkston School	ol District and	that no o	ther pay	yment	has b	een re	eceived by I	ne on account thereof.		
									Employee's Building Location	
Mileage Chart Tech Grn Prk Hgh Hts LMS CHS DO/EOC/SS							00/00	Employee's Name	Print LAST/ First	
Tech		rк Hgn .4 1.8	Hts 3.5			0.8	00/88			
		.3 1.6	3.4	_		0.6		Employee's Mailing Add	dress	
Prk	0.4 1.3	1.7	3.4	3.4	0.4	1.1		<u> </u>		
_	1.8 1.6 1		1.8	1.8	1.7	1.1				
	-	4 1.8		\vdash	3.5	2.8		City/State/Zip Code		
		.4 1.8 .4 1.7	3.5	3.5	3.5	2.8 0.8				
DO/EOC/SS		\rightarrow	2.8	_	0.8	0.0		Employee's Signatu	re	Date