## 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 fiscal year (by mid-June), all reimbursements to be
  charged to the current fiscal year 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 have any questions, please the Accounting Department.



## MILEAGE REIMBURSEMENT FORM

| Offilied Scrio  | oi District          |                        |                |                           |
|---|----------------------|------------------------|----------------|---------------------------|
| NAME:   |                      |                        |                | FOR THE MONTH OF:         |
| DEPT/SCHOOL:  |                      |                        |                |                           |
|   |                      |                        |                |                           |
| TRAVEL<br>DATE  | <u>DESTI</u><br>FROM | <u>NATION</u><br>TO    | TOTAL<br>MILES | REASON / DESCRIPTION      |
| DATE  | FROW                 | 10                     | WIILES         | REASON / 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, 2015 |
|   | TOTAL MI             | LES @ 57.5¢ PER MILE = |                |                           |
| Employee Signature:   |                      |                        | Date:          |                           |
| Principal / Dept Head Approval:   |                      |                        | Date:          |                           |
| Budget Department Approval:   |                      |                        | Date:          |                           |
| BUDGET CODE:  |                      |                        |                |                           |