

**CARROLLTON PUBLIC SCHOOLS  
MILEAGE REIMBURSEMENT REQUEST FORM**

**NAME** \_\_\_\_\_  
**POSITION** \_\_\_\_\_  
**BUILDING** \_\_\_\_\_

**MILEAGE LOG**

<b>DATE</b>	<b>Destination and Reason for Travel</b>	<b>STARTING ODOMETER</b>	<b>ENDING ODOMETER</b>	<b>TOTAL MILEAGE</b>

Total Miles for Mileage Period \_\_\_\_\_ 0

Account # \_\_\_\_\_ Amount to be Paid \$ \_\_\_\_\_ -

(\$.50\* subject to change yearly)

Employee  
Signature: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature