

BSIC MILEAGE REIMBURSEMENT FORM

Name of Employee _____ Date: _____

Campus/Department _____

RECORD OF TRAVEL

DATE	Location(s) Visited & Purpose of travel	Miles Traveled	Campus/Principal Signoff
		Total Miles	
		Mileage Rate	
		Total	

I certify that the above mileage expenses are true and correct and were incurred by me in the performance of my official duties.

Employee Signature	Date
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Supervisor Signature
Date

Superintendent's Signature
Date

To get mileage amounts from city to city go to www.window.state.tx.us/comptrol/texastra.html

OR

Texas State Comptroller - home page and click Texas Mileage Guide.