



# WASHOE COUNTY SCHOOL DISTRICT

## Mileage Reimbursement Form

For the Period: \_\_\_\_\_ Page 1 of \_\_\_\_\_

**MR** \_\_\_\_\_

Please submit the Mileage Reimbursement Form no later than 10 days after month end.

Please Note: The Business Office will accumulate mileage requests until the reimbursement due exceeds \$10.00.

Refer to the rules on page 2 of this form.

**PLEASE PRINT**

Claimant Name \_\_\_\_\_ Employee ID # E000 \_\_\_\_\_ or  
Vendor # \_\_\_\_\_

Mailing Address (Checks will not be mailed to a School District address; address must match payroll records):  
\_\_\_\_\_

**By signing below, claimant validates that they are operating their vehicle in accordance with Administrative Regulation 3545.2 which requires you to have a valid driver's license and liability insurance coverage and that, to the best of your knowledge, this request is true and correct.**

Claimant Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Department / Principal Approval: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Program Approval (If Required): \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Account to Charge: 

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 Reimbursement Amount: \_\_\_\_\_

Budget Account to Charge: 

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 Reimbursement Amount: \_\_\_\_\_  
(For split funding reimbursement)

DATE	PURPOSE OF TRAVEL	FROM	ODOMETER READING	TO	ODOMETER READING	TOTAL MILES
<b>Actual Odometer Readings Required To Be Entered in Each Column.</b>						
<b>District Mileage Chart may be used in lieu of odometer readings for travel between District Locations.</b>						

Use a Continuation Sheet if Necessary

PAGE TOTAL MILES:

**Grand Total Miles**

# MILEAGE REIMBURSEMENT RULES

The use of personally owned vehicles is provided for in Administrative Regulation 3545.2. Mileage reimbursement rates and rules are based on both State and Federal regulations. The following is a summary of these rates and rules:

## **RATES**

Local transportation - **NRS 281.160**; establishes the rate of the allowance as the "standard mileage" reimbursement rate for which a deduction is allowed for the purposes of federal income tax.

The rate for travel outside the District (personal convenience) is one half the rate established by **NRS 281.160**.

## **ACCEPTABLE MILEAGE EXPENSES**

- **Travel Inside the District** - You may claim mileage, after your normal commute, for travel to other sites inside the District. This travel must be for work related to the District. These miles are reimbursable at the rate established above.

Mileage between District sites may be calculated by either recording the actual mileage odometer readings or using the District Mileage Chart.

- **Travel Outside the District** - You may claim mileage reimbursement for travel outside the District. Again, this travel must be for work related to the District. These miles are reimbursable at the rate established above.

- **Trustees** - **NRS 386.290** establishes mileage reimbursement to a trustee residing more than 5 miles from the place where board meetings are held. **NRS 387.319** establishes mileage reimbursement for any travel required for the transaction of official business of the school district and first authorized by the board of trustees. These miles are reimbursable at the rate established above.

## **UNACCEPTABLE MILEAGE EXPENSES**

- **Commuting Travel** - You may not request mileage reimbursement between your home and your main or regular place of work (defined as your normal commute). This rule is in effect seven (7) days a week, so weekends and holidays are also excluded from mileage reimbursement. Reference: Internal Revenue Service Publication 17; commuting expenses.

- **Personal Travel** - You may not request mileage reimbursement for personal functions (e.g. doctor, dental, lunch, etc.) during the work day.

This is a summary of the typical types of travel incurred by most employees requesting mileage reimbursement from the District. If you have any questions regarding these rules or travel not covered above, please contact the Business Office at 348-0311.





# WASHOE COUNTY SCHOOL DISTRICT

## Mileage Reimbursement Form

For the Period: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

### Continuation Sheet

DATE	PURPOSE OF TRAVEL	FROM	ODOMETER READING	TO	ODOMETER READING	TOTAL MILES
<b>Actual Odometer Readings Required To Be Entered in Each Column.</b> <b>District Mileage Chart may be used in lieu of odometer readings for travel between District Locations.</b>						

PAGE TOTAL MILES: