

# Mileage & Meal Reimbursement

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Make of School Car: \_\_\_\_\_

Make of Own Car: \_\_\_\_\_

Total Miles \_\_\_\_\_ X Mileage Rate\* \_\_\_\_\_ = \_\_\_\_\_

*\*Mileage rate is 55 cents as of 1/1/12*

## Meal Reimbursement\*

*(Receipts Must be Attached)*

Breakfast Allowance            \$6.00            \_\_\_\_\_

Lunch Allowance    \$10.00            \_\_\_\_\_

Dinner Allowance    \$14.00            \_\_\_\_\_

*\*Per Mileage & Meal Reimbursement Policy Revised 2/14/00*

Approval \_\_\_\_\_

Budget Code \_\_\_\_\_

Total Amount \_\_\_\_\_