

**ROMULUS COMMUNITY SCHOOLS
MILEAGE REIMBURSEMENT FORM
2014**

EMPLOYEE _____

SCHOOL _____

Please submit on a monthly basis, no later than 10 days from the end of the month.

DATE	FROM	TO	PURPOSE	MILEAGE

TOTAL MILES	
MILEAGE RATE	
TOTAL	

Account Number	Amount
TOTAL REIMBURSEMENT	

I hereby certify that the foregoing is an accurate statement of mileage, using my personal car, on authorized business.

Employee Signature

Date

Department Head Approval

Date