## Mileage Reimbursement

## USER I NSTRUCTI ONS

Form Purpose: Use this form to request mileage reimbursement for district-related travel in your personal vehicle.
How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.
How to Submit this Form: Submit a hard copy of this form.
Where to Send this Form: Please return a hard copy of this form to Financial Services-Payroll.
Deadline: Completed forms must be received in the Financial Services office by the $15^{\text {th }}$ of the month in order for you to receive reimbursement on that month's paycheck.
Additional Information: Additional space is provided on the reverse side of this form. You may use additional sheets if necessary. The district will calculate the reimbursement amount.

ACCOUNT I NFORMATI ON
Name:
Employee Number: Building/Department:

In-District Mileage Account:
Out-of-District Mileage Account:
PLEASE TYPE OR PRI NT INFORMATI ON (Additional space is provided on the back of this form)

| DATE | FROM LOCATI ON | TO LOCATI ON | PURPOSE | PARKI NG | MI LES |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Total This Side |  | 0.00 |
|  |  |  |  |  |  |
|  |  |  | Total Both Sides |  | 0.00 |

## PLEASE SI GN AND HAVE YOUR ADMI NI STRATOR SI GN

Employee's Signature:
Administrator's Signature:
Type or Print Administrator's Name:

## FI NANCI AL SERVI CE USE ONLY

Total In-District Reimbursement:
Total Out-of-District Reimbursement:
Total Reimbursement:
Y:\EDS Documents\Final Staff Forms\4J_FINSVC_mileage_reimbursement.pdf

| PLEASE TYPE OR PRINT INFORMATI ON |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DATE | FROM LOCATI ON | TO LOCATI ON | PURPOSE | PARKI NG | MI LES |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Total This Side | 0.00 | 0.00 |
|  |  |  | Total Both Sides | 0.00 | 0.00 |

Print Form
Y:\EDS Documents\Final Staff Forms\4J_FINSVC_mileage_reimbursement.pdf

