

**Burlington-Edison School District #100
Mileage Reimbursement Request**

Employee Name _____ Month/Year _____

Mailing address _____ City _____ State _____ ZIP _____

Date	Destination/Purpose	Miles
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

TOTAL MILES

I hereby certify under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature _____	Date _____ / _____ / _____	Supervisor Signature _____	Date _____ / _____ / _____
\$ _____		\$ _____	
\$ _____		\$ _____	

_____ miles time \$ _____ per mile =