



Employee Mileage Reimbursement Form

*** For Employee Use Only ***

Date	Account Code(s)							Amount
	FD	E	ORG	PRG	CRS	FIN	OBJ	
Employee Legal Name								
Employee Address								
Employee City, State, Zip								
Total Reimbursement								\$ -

Mileage Summary			
Date	From/To/From	Explanation	Mileage
*Reflects applicable IRS reimbursement rate; rate subject to change.		Total Miles	-
I certify the mileage listed is an authorized and actual business purpose expense for White Bear Lake Area Schools #624 in which I used my personal vehicle.		Current District Rate*	
		Cost of Parking	
		Total Mileage/ Parking Reimbursement	\$ -
Employee Signature _____ Date _____		<p style="text-align: center;">Instructions:</p> <p>Employee completes form, prints, signs, and submits to Supervisor. Supervisor reviews, approves, and forwards form and supporting documentation to the Finance Office.</p> <p>Please submit reimbursement requests at least quarterly after the expense was incurred.</p>	
Supervisor Signature _____ Date _____			

2021 Mileage Rate: 56 cents per mile
(Revised 12/20)

2020 Mileage Rate: 57.5 cents per mile