Davis School District

Mileage Record and Reimbursement Application Form

Name: _____ **Location:** _____

Position: _____ **Claim #** _____

Date	Location From:	Location To:	Miles	Reimb. Rate/Mile	Reimbursment Amount
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
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				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
				$ 0.560	$ -
			Total Miles		

Fund	Location	Program	Function	Acct.	Amount
			Total Acct. Allocation		

Total

Approvals: _____

Principal/Supervisor

_____

Program Director

Send this form to Principal or Supervisor for approval. ***After approval enter ENCORE mileage reimbursement claim***

Email Completed Mileage Form to Accounts Payable: apdept@dsdmail.net