



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	Instructions: Employee completes form, prints, signs, and submits to Supervisor. Supervisor reviews, approves, and forwards form and supporting documentation to the Finance Office. Please submit reimbursement requests at least quarterly after the expense was incurred.	
Supervisor Signature	Date		

2022 Mileage Rate: 58.5 cents per mile
(Revised 12/21)

2021 Mileage Rate: .56 cents per mile