



2:125-ED1

Travel/Mileage Reimbursement Claim Form YYYY

***To calculate your Mileage Reimbursement Amount: multiply number of miles x \$.xx (IRS rate)**

Along with this form ~ You must turn in a map printout matching the miles you are requesting for reimbursement

Name of Person Requesting Reimbursement: _____

Date of Trip	Destination	Purpose for Trip	Miles	IRS rate	*Mileage Reimb Amt	Additional Expense Desc (receipt attached)	Additional Expense Cost	Total Trip Charges (Mileage Reimb Amt+Addnl Expense)
				* \$.xx				
				* \$.xx				
				* \$.xx				
				* \$.xx				
				* \$.xx				
				* \$.xx				

*The district reimbursement rate shall conform to the current IRS standard mileage rate.

The above is a true and accurate statement of expenses incurred in performance of official duties as a representative of Harrison School District #36 and is hereby presented for reimbursement.

\$

Total Reimb Requested

District Account Name

District Acct Number (staff travel=10 1110 332)

Requestor Signature

Approve / Disapprove

Date

Supervisor Signature

Date