Davis School District

Mileage Record and Reimbursement Application Form

Name: ______________________ **Location:** ______________________

Position: ______________________ **Claim #** ______________________

Date	Location From:	Location To:	Miles	Reimb. Rate/Mile	Reimbursment Amount
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
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				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
				$ 0.625	$ -
		Total Miles	0		

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