

Employee Name: _____ Requisition # _____

CHISD INTRA DISTRICT MILEAGE REIMBURSEMENT FORM

	DATE	DESTINATION (FROM & TO)	REASON	MILEAGE
1				
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Total miles _____ x 65.5 cents (as of 1/1/23) = Total Mileage Reimbursement: \$ _____

By signing below I certify that all miles claimed have been driven in accordance with CHISD policy and represent actual mileage

Employee Signature: _____

Supervisor's Signature: _____