ACSD

MILEAGE REIMBURSEMENT FORM

Travel forms must be submitted monthly or may be taxable wages per IRS requirements.

School Responsible for Payment: _____

Driver Name: _____

Month: _____ **Fiscal Year:** **2023-24**

DATE	FROM TOWN	TO TOWN	DESCRIPTION/PURPOSE	MILES	Cost Per Mile	Total for trip
Mileage Reimbursement (if driving to/from home directly, please deduct regular commute to/from work)						
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
					0.655	$ -
Parking/Other Travel Reimbursement Requests (attach receipts)						
						$ -
						$ -
			Mileage total	**0**	**0.655**	**$ -**
			Parking/other reimbursemen			**$ -**
			Total Reimbursement			**$ -**

DRIVER CERTIFICATION

By signing below, I certify that, at the time of the above travel, I had a valid driver's license, had auto insurance, and included an accurate mileage for school district travel.

In addition, I will advise my Supervisor if either my driver's license or my auto insurance is suspended/canceled prior to future school travel.

Driver Signature: _____ DATE: _____

APPROVAL FOR PAYMENT

ADMINISTRATOR APPROVAL: _____ DATE: _____

ACCOUNT #: _____