

USD #453 IN-DISTRICT MILEAGE LOG FORM FOR
 SPECIAL EDUCATION REIMBURSEMENT TO **PARENT**
 FOR USE OF PRIVATELY OWNED VEHICLES

REQUESTED BY _____ POSITION IN DISTRICT _____
 (Please Print)

For the period beginning _____ and ending _____

DATE	LOCATION OF TRAVEL		# MILES	NATURE OF SCHOOL BUSINESS (& name of person contacted)
	FROM	TO		

Total miles _____ reimbursed at \$.655 per mile. Amount due \$ _____

Date _____ Signature of Requesting Party _____

Date _____ Signature of Administrator/Director _____

ACCT#: _____ - _____ - _____ - _____ - _____ VENDOR #: _____ CHECK #: _____

Final request for the year must be received at BOE by **June 15**. DATE PD: _____
 (Revised January 2023)

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DATE	LOCATION OF TRAVEL		# MILES	NATURE OF SCHOOL BUSINESS (& name of person contacted)
	FROM	TO		

Total miles this page _____