Gulfport School District

This form and no other will be the authorized reporting form for mileage reimbursement for employees whose job assignments require them to travel using their personal vehicles in the performance of their duties. Beginning January 1, 1995, this form must be submitted before eligible employees can be reimbursed for eligible travel.

Policy Reference: DJD, Employee Expenses

| Name | | Job Title | Job Title | |
|---------------|----|---------------------------------|----------------|--|
| Travel Period | to | Expenditure Code | | |
| Date | | Trip Routing: Include All Stops | Miles Traveled | |

| Reimbursable mileage at .23 cents per mile (Effective 5/7/12) | | | TOTAL MILE | 5 |
|---|--|-------|---------------------|---|
| | | | Reimbursement Amoun | t |
| Vehicle Make | | Model | Tag No | |

I certify that I have actually traveled to perform the duties of my job assignment as indicated on the above report and am entitled to reimbursement at .23 cents per mile for such travel as per board policy.

Approval Signature _____

Signed _____

| Date | Trip Routing: Include All Stops | Miles Traveled |
|------|---------------------------------|----------------|
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