

CHENEY SCHOOL DISTRICT
 12414 S Andrus Road
 Cheney, Washington 99004

If Mileage claim is related to travel outside the district for workshop or conference, 501 must be completed before mileage will be reimbursed.

AFFIDAVIT OF MILEAGE

Claimant _____ Month of _____ 20__

Address _____

City/State/Zip _____

Authorized Designee Approval _____

Budget code(s) must be provided along with supervisor signature or it will be returned to school secretary.

FOR PROGRAM USE ONLY	
Budget Code	Amount
Program Director Signature	

(See regulations and procedures on back. THESE MUST BE FOLLOWED.)

DAY	MILES	DESCRIPTION OF MILEAGE	DAY	MILES	DESCRIPTION OF MILEAGE
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			TOTAL MILEAGE		

Example:
 Betz to WMS or
 Betz-WMS-Betz or
 Salnave - Yakima ESD
 for Title I training

If travel other than school to school, please provide short description of travel reason.

We check mileage with either the School mileage chart for school-to-school or on MapQuest or Google Maps for other travel.

If you use the correct fillable form on the district site, it will total the mileage and mileage reimbursement amount for you.

I hereby certify the above itemized account for authorized travel mileage amounting to \$ _____ is correct and that no part of same has been received.

Date _____ Claimant _____ (Signature)

AFFIDAVIT OF MILEAGE

REGULATIONS AND PROCEDURES

1. Form No. 502, titled Affidavit of Mileage, is to be used to report private car mileage.
2. Authorization and Regulation:
 - a. Only employees to be reimbursed for travel expense within the school district are those designated by the Superintendent of Schools.
 - b. Travel between the employee's home and school location is not reimbursable.
3. Procedures:
 - a. A claim for mileage should be submitted the first week of the month following the month in which the travel occurred. **Claims past 90 days will not be reimbursed. School Board Procedure No. 6213.**
 - b. This form is to be completed by the person making the claim and then be presented to his/her program director.
 - c. The program director is responsible for completing Budget Codes and Amounts on the form. Upon his/her approval, he/she will forward it to the Business Office.
4. Reimbursement:
 - a. An ACH Deposit, separate from the employee's payroll ACH Deposit, will be prepared on the next accounts payable payment date.
 - b. This ACH Deposit will be automatically deposited in your banking account as provided to the Business Office.