

**Ann Arbor Public Schools  
Monthly Travel Mileage Claim Form**

Employee Name \_\_\_\_\_

EMPLOYEE ID# \_\_\_\_\_

Building \_\_\_\_\_

Department/Location \_\_\_\_\_

Home Street Address \_\_\_\_\_

Month/Year \_\_\_\_\_

Submit monthly, one month per page.

Home City/ST/Zip \_\_\_\_\_

Use Additional page if needed

IMPORTANT: Use one line per day/trip. Not for conference reimbursement.

IRS Reimbursement Rate \$0.67 per mile ( effective 01/01/2024)

Date	Trip Description	Miles	Rate	Total
			\$0.67	
			\$0.67	
			\$0.67	
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			\$0.67	
			\$0.67	
			\$0.67	
			\$0.67	
Total Miles:			x rate	

Authorized Signature \_\_\_\_\_

DATE \_\_\_\_\_

G/L Account Code \_\_\_\_\_