Argyle ISD
Mileage Form

Employee Name: ______________________________

Campus/Department: ______________________________

INSTRUCTIONS/INFORMATION

*****Use appropriate form for dates of travel, as calculation rates are specific to dates of travel.*****

1. Shaded fields are protected, prohibiting entries.
2. Each trip must include mileage documentation from an online mapping service, such as Google Maps.
3. A complete, approved Mileage Form, and any additional supporting documentation is forwarded to the appropriate person for requistion entry.

Date MM/DD/YYYY	Location - From and To (Personal Vehicle Only) Require Supporting Documentation	Reason for Travel	Miles

TOTAL Miles: 0.0 **X** $ 0.700

TOTAL Reimbursement: $ 0.00

Original signatures from employee and approver are required.

______________________________ ______________________________
Employee Signature **Date**

______________________________ ______________________________
Approver Signature **Date**

Revised 01/2025