



Mileage Reimbursement Form

Effective January 1, 2025

Employee Name	FUND	RES	YR	GL	FUNC	OBJ	SITE	MGMT

Rate*
\$ 0.70

Note: If prior to 1/1/25 - Rate will calculate at .67

*Mileage reimbursement rate subject to change - Effective 1/1/19

Date	Origin (From)	Destination (To)	Purpose of Trip	Miles Claimed	\$
Totals					

_____ Employee Signature

_____ Date

_____ Site Administrator Signature

_____ Date

I have used my personal vehicle on school business, not including home-to-school travel, on the days indicated on this form.