BUCKEYE LOCAL SCHOOL DISTRICT

2025 MILEAGE REIMBURSEMENT REQUEST FORM

JANUARY-DECEMBER 2025

NAME: _____

ACCOUNT # _____ PO# _____

MONTH (S): _____ Vendor # _____

DATE	FROM (Location Address)	TO (Location Address)	TOTAL MILES	REASON

Please fill in and submit to: Buckeye Board Office-Attn: Treasurer's Dept

NOTE: REIMBURSEMENT PAID EVERY 3 MONTHS OR AMOUNTS OVER $50.00

2025 Total Mileage: _____ x .70 cents per mile= _____

Total to Be Reimbursed= _____

Employee Signature: _____ Date: _____

Admin Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Treasurer Signature _____ Date: _____

REV 1/2025