Maine School Administrative District No. 75
Request for Mileage Reimbursement

Name : _____

Date	Destination		Reason for Mileage	Total Miles
	From	To		

MSAD 75 MILEAGE CHART

Location	DO	BC	BHM	HCS	WCS	WES	MS	HS
DO		7.4	8.8	10.6	1.7	2.1	0.2	0.5
BC	7.4		3.2	17.5	8.9	9.3	7.6	7.8
BHM	8.8	3.2		17.8	9.3	9.7	8.7	8.6
HCS	10.6	17.5	17.8		8.8	9.5	10.2	9.8
WCS	1.7	8.9	9.3	8.8		0.8	2.9	1.3
WES	2.1	9.3	9.7	9.5	0.8		2.3	1.7
MS	0.2	7.6	8.7	10.2	2.9	2.3		0.7
HS	0.5	7.8	8.6	9.8	1.3	1.7	0.7	

The items claimed above are accurate and reflect mileage which is incurred in conducting my duties for MSAD 75

Employee's Signature	Date
Supervisor's Approval Signature	Date
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **xxxx xxxx** _ _ _ _ _ _ _ _	
Account Number	

Total Miles		0
Rate = .56/mile (Travel Prior to 11/1/25 .54)	X	$ -
	=	$ -
Tolls (incl. receipts)	+	
Total		$ -