Form Rev: 4/2024

Mileage Reimbursement Form

Utilization of Employee-owned Vehicle while Conducting RSD17 Business

Purchase Orders must be obtained prior to travel. A Purchase Order can contain multiple months of estimated mileage expenses, but this form may only be used to submit UP TO one calendar month of actual mileage for reimbursement.

Employee Name:

Primary Work Location:

Month/Year:

Purchase Order Number:

Reason for Travel	Date	From	To	Miles

2025 IRS Published Reimbursable Rate:	$ 0.700	X	Total Mileage	0	=	Total Reimbursement:	$ 0.00

Employee Signature: **Date:**

Supervisor Signature: **Date:**

Per Finance Policy 01.1001, request for reimbursement must be submitted no later than the 30th calendar day of the calendar month following the travel, unless different requirements are contained in the employee's applicable labor contract. Late submittals will not be reimbursed.

*After supervisor's signature is obtained, please submit this form to **ap@rsd17.org** .*