TRANSPORTATION MILEAGE REPORT

EMPLOYEE NAME: _____

Gavin School District #37
Business Office
25775 W Highway 134
Ingleside IL 60041

This form is for mileagerelated to required transportation to/from school related business in an employee's personalvehicle. Documentation of the mileage should be attached.

Date	Destination	Purpose	Total Miles
		Total Miles	
		IRS Mileage Rate	**.725**
		Total Reimbursement *(total miles times mileage rate)*	

EMPLOYEE SIGNATURE:_____ Date: _____