

Instructions: Must be submitted no less than monthly, listing mileage by date, destination, and total. Conference mileage is claimed on a separate conference reimbursement form. An administrator must sign off and approve this.

One way mileage between BCSD school buildings:
 9 miles - Main Building to Cumberland Head

Date Claim Completed: _____
Purpose of Trip: _____

| Date | Mileage | BCSD to/from Destination | Date | Mileage | Destination |
|------|---------|--------------------------|------|---------|-------------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | | | |

Total Mileage: _____
 Rate: _____ X \$0.725 per mile
Total Amount Due: _____

 Name Signature of Individual Date

(For Office Use Only)

 Administrator Signature Date Budget Code

 Business Official Signature Date

 Internal Auditor Signature Date