ALTA-AURELIA COMMUNITY SCHOOL DISTRICT

Employee Mileage Reimbursement Form

Employee Name_____

Instructions:

1. Enter a Requisition – You are the vendor to be paid
    a. Example: KopfSam (Last 4, First 3) Vendor ID
2. Fill out the form
    a. $ 0.725 per mile
3. Supervisor signature required
4. Return to Christina Means mailbox
    a. Reimbursement paid AFTER monthly board meeting

Date	Destination	Description	Mileage	.725	Cost
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Total Reimbursement_____

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Employee Signature Date

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Department Head Signature Date