Plainville Public Schools Mileage Reimbursement Form

Employee Name:

Supervisor Name:

School/Department:

***Please submit completed forms (with supervisor signature) monthly to the Business Office. Reimbursements will be processed weekly.**

DATE	START LOCATION	END LOCATION	PURPOSE	# OF MILES
			TOTAL MILEAGE	0
Note: 2026 Mileage Rate		**$0.725**	**TOTAL REIMBURSEMENT**	$0.000

Employee Signature Date

Supervisor Signature Date