



CANUTILLO INDEPENDENT SCHOOL DISTRICT MILEAGE REIMBURSEMENT FORM

NOTE: In order to be compensated, mileage forms must be submitted by the 15th of the following month.

[illegible]

[illegible]

Employee ID#

Required

Total miles traveled _____ x _____ (State Rate) = Total amount due \$ _____.

Refer to the following website for the current State rate: <http://www.window.state.tx.us/comptrol/texastra.html>

I, hereby certify that the travel information reported was with authorized school business, and that said travel was in my personal vehicle for the miles indicated and that the above statement is true.

Employee's signature

Print Name

Date _____

Supervisor's signature

Print Name

Date _____