CLEAR FORM

REQUEST FOR MILEAGE PAYMENT

Board of Education of Washington County

Employee ID No.	
Home School	

Name	
Home Street Address	
City, State, Zip Code	

During the month of Select a Month __________, 2026. I made the following trips as ____.

TRAVEL			
DATE	**FROM**	**TO**	**MILEAGE***
		Page 1 TOTAL	0.00

*From approved mileage chart

Version FY27–1.2

Employee ID No.	

TRAVEL			
DATE	**FROM**	**TO**	**MILEAGE***
		Page 2 TOTAL	0.00

*From approved mileage chart

You must submit this report to your supervisor's office by the 5th day of the following calendar month. Any requests made beyond 60 days may not be paid – per regulation DLC-R.

I hereby certify that the mileage detailed on this voucher are in compliance with Board Policy.

Employee Signature _____ Date _____

Employee Name

TOTAL MILEAGE	
Total Scheduled (Page 1+2)	0.00
Mileage Rate ($0.76 as of 07/01/26)	
Due to Employee	$ 0.000

FOR BOARD USE ONLY	
Acct. No	
Approved By	
Date	