

Webster Public Schools
Office of Business and Finance

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Reimbursement for Mileage

Date: _____

Name: _____

School: _____

Conference: _____

Address To/From: _____

Mileage: _____

Reimbursement: _____

2026 Mileage Reimbursement Rate: \$.76

****Please attach MapQuest documentation to verify mileage.**

Administrator's signature