

RAISIN CITY SCHOOL
DISTRICT REQUEST
MILEAGE REIMBURSEMENT

INSTRUCTIONS:

Date: _____

1. Mileage claims must be submitted Monthly
2. Please attach google maps or map quest with the request for reimbursement. Starting destination Raisin City Elementary School District.
3. Submit all copies to Business Office

Name: _____

Total miles _____ @ \$.76 per mile = \$ _____

DATE	MILES	PURPOSE	DATE	MILES	PURPOSE

*I certify the above is a correct statement of the number of miles I have driven my automobile on school district business and I hereby present my claim for refund. I further certify that mileage claimed is from the first point of duty to the last point of duty in accordance with provisions of Board Policy.

*Mileage Reimbursement will be given after Conference(s), Workshop(s), and School Business.

I HAVE LIABILITY INSURANCE ON MY AUTOMOBILE AND AGREE TO MAINTAIN INSURANCE COVERAGE AS LONG AS I USE MY AUTOMOBILE FOR SCHOOL BUSINESS.

Signed: _____

Approved: _____

Fund:	Resource:	Y:	Goal:	Function:	Object:	Site:	Id: