

Instructions: Must be submitted no less than monthly, listing mileage by date, destination, and total. Conference mileage is claimed on a separate conference reimbursement form. An administrator must sign off and approve this.

One way mileage between BCSD school buildings:

9 miles - Main Building to Cumberland Head

Date Claim Completed: _____

Purpose of Trip: _____

Date	Mileage	BCSD to/from Destination	Date	Mileage	Destination
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Total Mileage: _____

Rate: _____ X \$0.76 per mile

Total Amount Due: _____

Name

Signature of Individual

Date

(For Office Use Only)

Administrator Signature

Date

Budget Code

Business Official Signature

Date

Internal Auditor Signature

Date