• Monthly Mileage Reimbursement •

This report needs to be turned into your BUILDING ADMINISTRATOR OR SUPERVISOR on the last working day of the month.

Date	Home Base	Destination	Beginning Odometer Reading	Ending Odometer Reading	Mileage for Payment
TOTAL MILEAGE FOR THIS REQUEST					*

* Areas need to be completed by building Administrator/Supervisor

Employee Name (printed) _____

Complete Mailing Address _____

_____ _____ _____
City State Zip

Phone # _____

CCSD Bldg/Loc _____

Mileage approved for payment *	
Rate per mile	$ 0.76
Amount approved for payment *	$

ADMINISTRATOR CERTIFICATION * "I have reviewed and authorize payment"	
BUDGET ACCOUNT(s) * Fill in split amount if using more than one budget account.	

Send to Accounting after * areas have been filled in.
Actual signatures Require - No stamping allowed.

☞EMPLOYEE CERTIFICATION - "I certify under penalty of perjury and subject to the provisions of W.S.6-5-303 and its penalties, the foregoing claim is a true and just record of necessary mileage for which I am legally entitled to reimbursement by the Campbell County School District No.1. I do further certify that no part of the foregoing claim has already been paid by the Campbell County School District No.1 or any other source."

Signature of Employee *_____ Date _____/_____/_____

TO: ESC/Accounting Department

After * areas are filled in and signed by Employee and their Administrator/Supervisor