Clint Independent School District
Mileage Reimbursement Request Form

eForm

The undersigned requests reimbursement in the amount of $ 0.00 for a total of 0 miles at the rate of .76 cents per mile . Signatures indicate all travel listed was on official school business and fully authorized. Mileage rates are subject to change.

Note

All requests for reimbursements will be tallied monthly and submitted on a monthly basis. Please submit the request on or before the 10th day of the next month.

Date: _____

Name of Requestor: _____ Last 4 of SS#: _____ Signature: _____

Date: _____

Authorized By: _____ Signature: _____

Account Number: _____

Date	Enter D for District Mileage Chart or M for Map	From	To	Miles	Purpose

Requestor: The In District Standard Mileage Chart should be used whenever possible. If the destination is not available, on the chart, please attach the mileage verification from MapQuest or Google Maps. Please indicate the method used in the area provided above (D or M). All forms and procedures can be located on the District web-site. Please feel free to contact us with any questions.

Revised:09.04.26