

Farmersville Unified School District

Mileage Reimbursement Log & Claim Form

Employee: _____

Address: _____

[illegible]

Total miles 0

Claim - Total miles x mileage reimbursement rate 76 cents per mile 0.00

I hereby certify that this is a true and correct accounting of mileage driven while conducting school business; that said expenditures constitute a legal claim against said the district; and that no part of this claim heretofore has been paid.

Approved by Immediate Supervisor

Claimant's Signature

Date _____

Purchase Order Number
Or[illegible]