Plainville Public Schools Mileage Reimbursement Form

Employee Name:	
Mailing Address:	
Supervisor Name:	
School/Department:	

Date	Start Location	End Location	Purpose	# miles
			Total Mileage	
			Total Reimbursement	$

Note: July 1, 2026 – December 31, 2026 Rate: 0.760/mile

Employee Signature Date

Supervisor Signature Date

*A printout of a mapping route (e.g., Google Maps, Apple Maps, or MapQuest) showing the exact starting point and destination for each trip that includes the mileage must be submitted with this form.

Please submit completed forms (with supervisor signature) monthly to the Business Office. Reimbursements will be processed weekly.