ALTA-AURELIA COMMUNITY SCHOOL DISTRICT

Employee Mileage Reimbursement Form

Employee Name_____

Instructions:

1. Enter a Requisition – You are the vendor to be paid
    a. Example: KopfSam (Last 4, First 3) Vendor ID
2. Fill out the form
    a. $ 0.76 per mile
3. Supervisor signature required
4. Return to Christina Means mailbox
    a. Reimbursement paid AFTER monthly board meeting

Date	Destination	Description	Mileage	.76	Cost
				.76	
				.76	
				.76	
				.76	
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				.76	
				.76	

Total Reimbursement_____

_____

Employee Signature Date

_____

Department Head Signature Date