

Cabot

Twinfield

SU

MILEAGE REIMBURSEMENT FORM -

(Do not combine districts on one form)

ENTER MILES

in one or more columns

Name: _____

Date	Travel From:	Travel To:	School Business Description *	<i>Training/Conference (580.XX.10)</i>	<i>Transport Students (519.00.00)</i>	<i>Travel to do your job (Bank, Post office, etc) (580.XX.00)</i>

* for example: Deposit daily receipts, Spring Census Training, SPED instruction (with student's initials)

Signature	Date	Signature	Date
Employee		Administrator	
For Office Use Only:			
G/L Code: _____	Subtotal Miles	0	0
_____	IRS Rate:	0.580	0.580
_____	Subtotal \$	0.00	0.00
Total Reimbursement Request:			\$ 0.00