Cabot [ ] Twinfield [ ] SU [ ]

MILEAGE REIMBURSEMENT FORM -

(Do not combine districts on one form)

Name: _____

ENTER MILES
in one or more columns

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

* 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	0
IRS Rate:	0.545	0.545	0.545
Subtotal $	0.00	0.00	0.00
Total Reimbursement Request:		**$**	**0.00**