You may complete this form by typing in each field. Once complete, please print it, sign it and send it to Central Office.

Cabot | Twinfield | SU

# MILEAGE REIMBURSEMENT FORM - Effective 1/1/15

(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)* |
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* 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: | 0.575 | 0.575 | 0.575 |
| Subtotal $ | 0.00 | 0.00 | 0.00 |
| **Total Reimbursement Request:** | | **$** | **0.00** |