

**THERMALITO UNION ELEMENTARY SCHOOL DISTRICT**

**MILEAGE REIMBURSEMENT FORM**

**Date:** \_\_\_\_\_ **Month/Year:** \_\_\_\_\_ **Name of Employee:** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_ **Account Code:** \_\_\_\_\_

**Address:** \_\_\_\_\_

DATE	MILES DRIVEN	PURPOSE OF TRIP
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

**Total Miles** \_\_\_\_\_ **x IRS Reimbursement Rate of \$ 0.70 per Mile = Claim of \$** \_\_\_\_\_

**I certify that the above is a correct statement of the number of miles I have driven my automobile on official district business and I hereby present my claim for refund. I further certify that mileage claimed above is from the first point of duty to last point of duty in accordance with provisions of Board Policy.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Approval of Principal/Program Manager/Superintendent**

\_\_\_\_\_  
**Assistant Superintendent of Business**

*Board Approved: 03/23/06*

*Revision: 01/01/2025*