

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 \$ 0.655 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: 01/01/2019