

Rogue River School District #35

MILEAGE REIMBURSEMENT FORM

This form is to be used for travel reimbursement when an employee's private automobile is used in connection with their regular job assignment. When claiming mileage associated with out of district travel, please use the District's Application and Advancement Request for Out of District Travel form. Submit to the Business Office, allow 2 weeks for reimbursement.

| CLAIMANT'S NAME: | | SITE: | DATE: |
|---|-------------------------------|----------------------------------|----------------------------------|
| Mileage calculation | is based from your assigned | work site, returning to | o your assigned work site. |
| Date of Travel | Miles Traveled | Explanation / Location of Travel | |
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| TOTAL | | Cents per mile = \$ | |
| (use current IRS standard mileage rate) | | | |
| Charge to Budget Line Ite | em # | | |
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| I hereby certify that the foreg | joing is an accurate statemer | nt of expense on auth | orized school district business. |
| Claimant's Signature: | | | Date: |
| Approved By: | | | Date: |
| | | | |