

SOUTH LAKE SCHOOLS
MONTHLY MILEAGE REIMBURSEMENT FORM
For Assignment Connected Travel

NAME _____

ASSIGNMENT _____

DATE OF REQUEST _____

MONTH OF TRAVEL _____

(Requests must be received by 10th of next month.)

I certify that I have kept a mileage log of travel required by my assignment and my mileage for the month is as reported below. I request reimbursement as follows:

In-District Travel For _____ miles x .535 per mile = \$ _____

Out-of-District Travel

To _____ on ___/___/___ for _____ miles x .535 per mile = \$ _____

To _____ on ___/___/___ for _____ miles x .535 per mile = \$ _____

To _____ on ___/___/___ for _____ miles x .535 per mile = \$ _____

TOTAL REIMBURSEMENT = \$ _____

APPROVALS: _____
(Principal)

(Superintendent)

ACCOUNT NUMBER: _____

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