

## **MILEAGE REIMBURSEMENTS**

Please make sure the following information is completed so requests will be processed properly:

- Mileage Reimbursement Requests must be typed on the District approved mileage form (see next page).
- Mileage reimbursement requests must be submitted to the Accounting Department on a monthly basis not later than **thirty days** after the close of the month in which the expense was incurred.
- The district may not reimburse employees for accumulated or late claims. At the end of the year all reimbursements must be submitted by **June 15** in order to appropriately charge the correct fiscal year.
- Mileage pertaining to conferences must be submitted on the Conference Reimbursement Form.
- The form must be signed by the claimant and approved by the department head or site principal.
- Please make sure to include the correct Pseudo/ Budget Code on each request.
- If more than one page is necessary for the month you may carry the total forward to a second page. List the total for the month on the last page only.
- Mileage will be audited using the District approved mileage chart and/or **Mapquest.com**. *If you are traveling to a location that is not a district site you must attach a Mapquest printout of your trip. Odometer readings are not accepted by our Auditors.*

If you have any questions, please the Accounting Department.



# MILEAGE REIMBURSEMENT FORM

NAME: \_\_\_\_\_

FOR THE MONTH OF : \_\_\_\_\_

DEPT/SCHOOL: \_\_\_\_\_

TRAVEL DATE	DESTINATION		TOTAL MILES	REASON / DESCRIPTION
	FROM	TO		

I hereby certify that the above are the actual and true expenses incurred by me in the performance of official duties.

**TOTAL MILES** \_\_\_\_\_  
**RATE PER MILE** \_\_\_\_\_

*effective January 1, 2017*

TOTAL MILES @ 53.5¢ PER MILE =  

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal / Dept Head Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Budget Department Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**BUDGET CODE:** \_\_\_\_\_