MILEAGE REIMBURSEMENT REQUEST

Pay to:_____

_____ For Period From:_____ To:_____

DATE	(A) TRAVEL WITHIN DISTRICT FROM - TO	(B) TRAVEL OUTSIDE DISTRICT			(C) MILES	(D) AMOUNT
		DESTINATION	PURPOSE OF TRIP	GROUP OR PERSON CONTACTED		

TOTAL MILES AND AMOUNT _____ _____

INSTRUCTIONS: Complete sections A, C, and D for mileage traveled within school district. See allowable mileage chart printed on the back of this form for local mileage. For travel outside the school district, complete sections B, C, and D. Specificity is required before reimbursement will be made.