

REQUEST FOR MILEAGE REIMBURSEMENT

Name _____ Date _____

Dates covered from _____ to _____.

Please reimburse for _____ miles driven for school business to be reimbursed based on the following rates:

Gas selling \$2.00 or less/gallon = \$.30/ mile
From \$2.01 to \$3.00/gallon = \$.40/mile
From \$3.01 to \$4.00/gallon = \$.45/mile
More than \$4.00/gallon = \$.50/mile

Briefly describe destination and type of school business (i.e. commuting between Northridge and Indianola etc., driving teams to athletic events, etc.)

Record of Payment: Check No. _____ Date _____ Amt. _____

02/10

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