

DEARBORN HEIGHTS SCHOOL DISTRICT #7

MILEAGE REIMBURSEMENT FORM

Start at the first location in the morning and end at last location in the afternoon. Do not count mileage to and from places used for personal business (e.g. lunch, errands, etc.).

ACTUAL MILEAGE FOR REGULAR SCHEDULE:

<u>DATE:</u>	<u>FROM:</u>	<u>TO:</u>	<u>MILEAGE:</u>
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles
_____	_____	_____	_____miles

TOTAL MILEAGE: _____

X \$ _____ PER MILE _____

TOTAL MILEAGE REIMBURSEMENT \$ _____

Employee _____ DATE _____

Supervisor _____ DATE _____

ACCOUNT NUMBER _____