

Blaine School District # 503
2024 Mileage Reimbursement Request

Employee Name: _____
First and Last Name on Record with Payroll

Month and Year: _____

<u>Date</u>	<u>From</u>	<u>To</u>	<u>Account Code</u>	<u>Purpose of Travel</u>	<u>Total Miles*</u>	<u>Amount</u>

I certify under penalty of perjury that this is a true and correct claim for necessary expense incurred by me and that no payment has been received by me on account thereof.

Total Miles Claimed

Current Mileage Rate \$

Total Reimbursement Due \$

Employee Signature

Administrator Signature

*miles are calculated as the lesser of to/from home or the regular work site.