

USD 489 Record of Mileage Reimbursement for In-District Travel

(effective June 1, 2017)

Name: _____

School: _____

PER BOARD POLICY GAN: TRAVEL EXPENSES - ALL EMPLOYEES

For the authorized use of a personal vehicle, including approved travel between buildings, staff members shall be reimbursed at a mileage rate established by the board.

To receive reimbursement:

1. Fill out this form, including your signature and the signature of your supervisor.
2. Attach documentation, including date of travel, travel destination and purpose, and number of miles traveled. All miles to be reimbursed must have this information for the auditors.
3. **This form and supporting documentation must be received by the accounting office no later than May 24, 2018 to receive reimbursement.**

	Total Miles	Total Amount
June	_____	
July	_____	
August	_____	
September	_____	
October	_____	
November	_____	
December	_____	
January	_____	
February	_____	
March	_____	
April	_____	
May	_____	
Total Miles:	_____	Total Miles x .535= \$ _____

*The mileage reimbursement rate is subject to change.

State of Kansas, Ellis County, SS.

I, undersigned, do solemnly swear that I am the agent of above named claimant that the above account against the Board of Education of Unified School District 489, Ellis County, State of Kansas, is just and correct and remains due and unpaid.

Signature

Date

Principal / Supervisor Signature

Date