



## 2019-20 MILEAGE CLAIM FORM

<b>Name:</b>	
<b>Address:</b>	

- The rate of reimbursement is .58 cents per mile
- Attach map/directions for all claims Must remove your normal commute miles

DATE	DESTINATION	PURPOSE	MILEAGE

**This claim form should be submitted to the Principal/Supervisor for approval. Once approved, form should be forwarded to the District Office. (The Superintendent must approve mileage claim for conferences.)**

**Total Mileage:** \_\_\_\_\_ x \$.58 = \$ \_\_\_\_\_

**Claimant Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Supervisor/Principal Approval Signature:** \_\_\_\_\_

**Superintendent/Business Administrator Signature:** \_\_\_\_\_

Updated 7/2019