Herscher CUSD #2

Mileage Reimbursement Request

Employee Name: (*please print*)_____

Employee Signature: _____

DATE	FROM	TO	NUMBER OF MILES	REASON FOR MILES

Total Number of Miles: _____ **@ 62.5¢/mile = $** _____ **to be reimbursed**

Supervisor's Signature: _____

Account to Charge: (*Do Not Leave Blank*)_____

This form is to be used for mileage alone. Most likely by those employees who regularly travel between district schools, but it may also be used by any employee who travels and needs only to be reimbursed for miles. If an employee travels to the same place every day, just list the dates and the # of miles traveled each day and the total at the bottom. Each date traveled does not have to be listed separately.

Note: Rates change periodically. Please check the Staff Forms section of the District's website for the most up to date version.