



Old Fort Local School District

Mileage & Expense Reimbursement

All reimbursements must be approved by a Supervisor and submitted within 60 days after they are incurred.

<u>DATE</u>	<u>PURPOSE</u>	<u>BEG. LOCATION</u>	<u>END. LOCATION</u>	<u>MILES</u>	<u>PARKING</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Miles _____ Total _____
 x \$ _____
 = _____

Total Reimbursement = _____

Reimbursement will be at the IRS rate.

 Employee Signature Date

 Supervisor Signature Date

PLEASE INCLUDE MAPQUEST/GOOGLE MAPS AS DOCUMENTATION TO TRACK THE MILES TRAVELED.