Independent School District 16

Mileage Report

Mileage for the month of _____ Submitted by _____
Month and year — Please print first and last name

Budget Code _____

Mail check to _____
(Name, street address, city, state, zip)

Mileage Rate effective 1/01/10 = 50¢ (fifty cents)

Date	Destination and Purpose	Miles

Total Mileage _____ x 50¢ = $_____
As of 1/01/10 Per IRS — Total

I declare under penalty of law that this claim is just and correct and that no part of it has been paid.

_____ _____
Employee Signature (required) — Date Signed

Please submit regular mileage on a monthly basis or as mileage occurs for mileage not incurred on a regular basis. **Mileage more than 3 months old may not be reimbursed.** For each trip, provide all information requested in each column. Submit this mileage report to your immediate supervisor for approval who will then forward it on to Accounts Payable for a reimbursement check.

Authorized for payment by _____ Dated _____