

Mileage Reimbursement Request Form

Claimant: _____	Rate Per Mile _____
Position: _____	Total Mileage _____
Date(s): _____	Total Expense Claim _____

*Calculate mileage using Google maps and the shortest route based on distance

Date	Starting Location	Destination	Description	Total Miles	Expense

I certify that the above is a true record of actual and necessary mileage by private automobile covered by me in the performance of duties as directed by the Governing Board of the Beardsley School District.

Claimant (signature): _____	Date: _____
Approved by (signature): _____	Date: _____
Account Code: _____	