Mapleton Public Schools

DKC-E4

Exhibit: Expense Authorization/Reimbursement

Mileage Expense Form

This form may be used to account for mileage traveled in the course of employment. To be turned in to mileage Supervisor on December 1, March 1, June 1 and September 1.

TO: MILEAGE SUPERVISOR

FROM: _____ , _____ DEPT./SCHOOL

Address: _____ Please send my check to:

City: _____ State: _____ ☐ To my home address (listed)

Zip Code: _____ ☐ To school location (listed)

Below is a day-by-day summary of mileage traveled in the course of my assigned duties for the

Month _____ Period of _____ (Date) to _____ (Date)

Date	Origin/Destination	Purpose	Miles

Total Miles 0.000

_____ (Signature of Employee)

_____ (Signature of Mileage Supervisor)

BUDGET ACCOUNT NO. _____

TOTAL MILEAGE FOR THIS PERIOD _____ @ _____ = TOTAL AMOUNT $ 0.00

DIRECTOR OF FINANCE _____ DATE _____