USD 489 Record of Mileage
Reimbursement for In-District Travel

2019 - 2020 School Year

Name: _____ School: _____

PER BOARD POLICY GAN: TRAVEL EXPENSES - ALL EMPLOYEES

For the authorized use of a personal vehicle, including approved travel between buildings, staff members shall be reimbursed at a mileage rate established by the board.

To receive reimbursement:

1. Fill out this form, including your signature and the signature of your supervisor.
2. Attach documentation, including date of travel, travel destination and purpose, and number of miles traveled. All miles to be reimbursed must have this information for the auditors.
3. This form and supporting documentation must be received by the accounting office no later than **May 22, 2020** to receive reimbursement.

	Total Miles		Total Amount
June	_____		
July	_____		
August	_____		
September	_____		
October	_____		
November	_____		
December	_____	**June 2019 x .545 cents**	**$** _____
January	_____		
February	_____		
March	_____		
April	_____		
May	_____	**July 2019 - May 2020 x .58 cents**	**$** _____
		Total:	$ _____

State of Kansas, Ellis County, SS.

I, undersigned, do solemnly swear that I am the agent of above named claimant that the above account against the Board of Education of Unified School District 489, Ellis County, State of Kansas, is just and correct and remains due and unpaid.

_____ _____

Signature Date

_____ _____

Principal / Supervisor Signature Date