(To be used in accordance with Article 10 - Professional Compensation and Methods of Payment - Section 11, of Teacher Master Contract)

Name:

Date	Destination	Mileage

	Total Mileage	
Account #	x IRS Mileage Rate	
	Total Reimbursement	

_____

Employee Signature: _____

Supervisor Signature: _____

Business Manager or Superintendent Signature: _____