• Monthly Mileage Reimbursement •

This report needs to be turned into your BUILDING ADMINISTRATOR OR SUPERVISOR on the last working day of the month

Date	2	Home Base	Destination		Beginning Odometer Reading	Ending Odometer Reading		Mileage for Payment
<u> </u>								
		TO	TAL MILEAGE	FOR	THIS REOU	JEST	*	
						be completed by buildir	ng Adm	inistrator/Superv
nployee Name	(printed) _			_	Mileage appro	ved for payment	*	
mplete iiling				_	Rate per mile			\$ 0.62
dress	City	<u> </u>	tate Zip	_	Amount appro	ved for payment	*	\$
SD Building			ADMINISTRATOR ("I have reviewed and author					
		s have been filled in. Actual signatures required	BUDGET ACCOU	NT(s)				

EMPLOYEE CERTIFICATION - "I certify under penalty of perjury and subject to the provisions of W.S.6-5-303 and its penalties, the foregoing claim is a true and just record of necessary mileage for which I am legally entitled to reimbursement by the Campbell County School District No.1. I do further certify that no part of the foregoing claim has already been paid by the Campbell County School District No.1 or any other source."

Signature of Employee	Date/

TO: ESC/Accounting Department

After * areas are filled in and signed by Administrator or Supervisor