

• Monthly Mileage Reimbursement Request •

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

<i>Date</i>	<i>Home Base</i>	<i>Destination</i>	<i>Beginning Odometer Reading</i>	<i>Ending Odometer Reading</i>	<i>Mileage for Payment</i>
TOTAL MILEAGE FOR THIS REQUEST					*

“*” Areas need to be completed by building administrator/supervisor

Name (printed) _____
 Complete Mailing Address _____

Vendor #

<i>Mileage approved for payment</i>	*	
<i>Rate per mile</i>		.550
<i>Amount approved for payment</i>	*	

CCSD Bldg Loc _____

APPROVING SIGNATURE	*	
BUDGET ACCOUNT	*	

Send to Accounting after all areas with a * have been filled in

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*