

• Monthly Mileage Reimbursement •

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

| Date | Home Base | Destination | Beginning Odometer Reading | Ending Odometer Reading | Mileage for Payment |
|---------------------------------------|-----------|-------------|----------------------------|-------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL MILEAGE FOR THIS REQUEST | | | | | * |

Employee Name (printed) _____

Complete _____

Mailing _____

Address _____

 City State Zip

Phone # _____

CCSD Bldg/Loc _____

| | |
|---|---------|
| * Areas need to be completed by building Administrator/Supervisor | |
| Mileage approved for payment | * |
| Rate per mile | \$ 0.67 |
| Amount approved for payment | * \$ |

| | |
|---|--|
| ADMINISTRATOR CERTIFICATION * "I have reviewed and authorize payment" | |
| BUDGET ACCOUNT(s) * Fill in split amount if using more than one budget account. | |

Send to Accounting after * areas have been filled in.
 Actual signatures Require - No stamping allowed.

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 Employee and their Administrator/Supervisor