

**TRAVEL REIMBURSEMENT - STAFF**

Please print clearly

LEGAL NAME \_\_\_\_\_

EMPLOYEE'S  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BASE SCHOOL \_\_\_\_\_

Submitted \_\_\_\_\_ TOTAL MILES \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

**Effective 7/1/22 reimbursement will be  
62.5 cents a mile. Please submit  
monthly or quarterly**

TOTAL Reimbursement \$ \_\_\_\_\_

Account # \_\_\_\_\_

All mileage for FY23 has to be submitted by the fiscal year end  
June 30, 2023. Any mileage submitted after that date for FY23  
cannot be reimbursed.