

TRAVEL REIMBURSEMENT - STAFF

Please print clearly

LEGAL NAME _____

**EMPLOYEE'S
ADDRESS:** _____

Date and Reason _____

Date Submitted _____ **TOTAL MILES** _____

PRINT OUT - GOOGLE MAPS OF MILEAGE FOR BACK-UP

Employee signature _____ **Date** _____

Title _____

Supervisor's signature _____ **Date** _____

**Effective 7/1/2025 reimbursement
will be .70 cents a mile.**

Please submit monthly or quarterly

TOTAL Reimbursement \$ _____

Account # _____

**All mileage for FY25 has to be submitted by the fiscal year end
June 30, 2025. Any mileage submitted after that date for
FY25 cannot be reimbursed.**

Updated: July 1, 2025.