

MILEAGE REIMBURSEMENT FORM

NAME _____

DATE _____

Assurance: The above mileage record is a true and accurate account of miles actually traveled in the performance of my duties as an employee of the Bath Local School District.

Signature _____

Approved by

Total Number of Miles

Reimbursed at Federal Rate
(See *below* notation)

Reimbursement Amount

\$

NOTE: You can find the current mileage rate on the IRS.gov website or leave blank for the office to complete.