

# MILEAGE REIMBURSEMENT FORM

NAME \_\_\_\_\_

DATE \_\_\_\_\_

[illegible]

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)	x
Reimbursement Amount	\$

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