MILEAGE REIMBURSEMENT FORM

NAME_____ DATE_____

DATE	FROM	TO	RETURN TO	PURPOSE	MILES

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.

Total Number of Miles		
	x	$0.655
Reimbursement Amount	$	

Signature_____

Approved by_____