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		
Reimbursed at Federal Rate Rate as of January 2025 (Jan - Dec 2024 mileage is $.67)	x	0.7
Reimbursement Amount	$	

Signature_____

Approved by_____