

FILER SCHOOL DISTRICT #413  
 Monthly Mileage Reimbursement

*This statement is to be submitted to the District Office by the 1<sup>st</sup> day of each month, following the month of which mileage is being claimed.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Date	Destination	Purpose	Miles
		<b>Total Miles</b>	
		<b>Rate x \$.585</b>	
		<b>Reimbursement</b>	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Budget Code \_\_\_\_\_