IN-DISTRICT MILEAGE REIMBURSEMENT FORM

Clarkston School District
Honor the Past. Be the Future.

Clarkston, Asotin & Lewiston area Page_____

Report due to Supervisor by the 5th of each month.

DATE	FROM	TO	PURPOSE OF TRIP	MILES

If only 1 page enter 0 in boxes 2 and 3. If more than one page, place pages in descending order--- Page 3 on top with Page 1 on the bottom. Carry forward pages 1 and 2 sub-totals to page 3, enter total miles on top page only. **Sign each page**, staple in upper left-hand corner and forward to Supervisor to sign, date, code & submit for payment.

Sub-Total Page 1	
Sub-Total Page 2	
Sub-Total Page 3	

___ ___ ___ ___ - ___ ___ - ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Program/Sub Program | Activity | Object | Building Location | Individual St Services & CHS

Total Miles

x cents per mile

Reimbursement Total = $

I hereby certify that this is a true and correct claim for expenses incurred by me on behalf of the Clarkston School District and that no other payment has been received by me on account thereof.

Employee's Building Location

Mileage Chart

	Tech	Grn	Prk	Hgh	Hts	LMS	CHS	DO/EOC/SS
Tech		1.2	0.4	1.8	3.5	3.5	0.2	0.8
Grn	1.2		1.3	1.6	3.4	3.4	1.4	0.6
Prk	0.4	1.3		1.7	3.4	3.4	0.4	1.1
Hgh	1.8	1.6	1.7		1.8	1.8	1.7	1.1
Hts	3.5	3.4	3.4	1.8			3.5	2.8
LMS	3.5	3.4	3.4	1.8			3.5	2.8
CHS	0.2	1.4	0.4	1.7	3.5	3.5		0.8
DO/EOC/SS	0.8	0.6	1.1	1.1	2.8	2.8	0.8	

Employee's Name- **Print LAST/First**

Employee's Mailing Address

City/State/Zip Code

Employee's Signature **Date**

Supervisor's/Program Manager's Signature **Date**

Fiscal- Revised 12/2017