Rev	ised
01/0	1/23

## BLOOM-CARROLL LOCAL SCHOOL DISTRICT MILEAGE REIMBURSEMENT REQUEST

## NOTE: A REQUISITION FORM MUST BE COMPLETED AND A PURCHASE ORDER ISSUED BEFORE MILEAGE CAN BE REIMBURSED.

## **EMPLOYEE NAME:**

Date (MM/DD/YY)	Destination (City / State)	Purpose (Conference, Activity, Meeting, Etc.)	Miles Driven
	(city / State)	(comerence, Activity, Meeting, Etc.)	Nilles Driven
		Total Miles Driven:	
		Reimbursement Rate Per Mile:	
		Amount Due:	

**Employee Signature** 

**Supervisor Signature** 

FORM MUST BE SIGNED BY EMPLOYEE AND SUPERVISOR BEFORE REIMBURSEMENT CAN BE PAID.