

**BLOOM-CARROLL LOCAL SCHOOL DISTRICT  
MILEAGE REIMBURSEMENT REQUEST**

Revised  
01/01/19

**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
		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.**