BLOOM-CARROLL LOCAL SCHOOL DISTRICT
MILEAGE REIMBURSEMENT REQUEST

Revised
01/01/20

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:	0
		Reimbursement Rate Per Mile:	$ 0.575
		Amount Due:	$ 0.00

Employee Signature

Supervisor Signature

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