Mileage Reimbursement

If employee is set up with ACH payment (direct deposit)for payroll, Mileage Reimbursement will be processed as an ACH Payment to the primary account set up for payroll.

District Name: ______________________ **Payment #** ______________________

Name: ______________________ **Month\Year** ______________________

Address: ______________________

____

Date	Mileage	Destination & Task	Budget Classification

Mileage Total ____________ **X Rate per mile: $0.725 =** ______________________

I hereby certify that the above is a correct and true statement of the actual necessary traveling expenses incurred by me in performance of official duties.

______________________________ ______________________________

Signature Date Approval Signature Date