

MILEAGE EXPENSE CLAIM FORM

Name: _____ Month: _____ Year: _____

Dept: _____ DAC: _____

Comm.=Commute

Reimburs.=Reimbursable

Date	Explanation	IN-DISTRICT MILES			OUT-DISTRICT MILES		
		Comm.	Trip	Reimburs.	Comm.	Trip	Reimburs.
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
				0			0
	Total Miles	0	0	0	0	0	0
	\$0.545			\$ -			\$ -

Commute miles to home base:

Minus Travel Advance \$ -
Total Reimbursement \$ -

Employee Signature Date

Account No. In District: _____

Program Administrator Signature Date

Account No. Out of District: _____

Commute miles are entered for the first and last appointment of the day unless the employee travels to their headquarters (home base) before the first or after the last appointment of the day.