NILES CITY SCHOOL DISTRICT
MILEAGE REIMBURSEMENT FORM
FOR USE OF A PERSONALLY OWNED VEHICLE FOR SCHOOL BUSINESS USE

Name: _____ **Date:** _____ **Position:** _____.

For The Month Of _____

Date	Destination	Purpose	Miles Inside District	Miles Outside District	Miles Traveled

Total number of miles traveled _____ @ Per Mile = $_____._____

Car allowance and expenses for out-of-town trips must be approved by the Superintendent of Schools.

This report is due at the Treasurer's Office of the Board of Education the 5th day of EACH MONTH. A Purchase Order should be submitted with this form to encumber funds for the coming month. Please estimate the amount. Failure to submit a Purchase Order to encumber funds may disqualify you from receiving a reimbursement.

_____ _____

Employee's Signature Superintendent's Signature