Mustang Public Schools
Mileage Reimbursement

Employee Name_____ Purchase Order #_____

Employee Address _____ ID#_____

Date	Beginning Destination/ Odometer	Ending Destination/ Odometer	Miles Traveled	Date	Beginning Destination/ Odometer	Ending Destination/ Odometer	Miles Traveled

Total Miles _____ x Rate _____ = $_____

Employee Signature _____   Date_____

Supervisor's Signature _____   Date_____

** A Site-To-Site mileage chart is available online. Use this chart for miles traveled within the district. If traveling outside of the district, include your beginning and ending odometer along with the destination. <u>No reimbursements will be paid if this information is missing</u>. **