MONROE CITY SCHOOLS

IN-DISTRICT MILEAGE REIMBURSEMENT FORM

Must Be Submitted Monthly (*One Month Per Sheet*)

REIMBURSEMENT REQUEST SHOULD BE SUBMITTED NO LATER THAN THE 10TH OF EACH MONTH
(ALL HOLIDAYS AND WEEKENDS NEED TO BE APPROVED BY SUPERVISOR)

NAME OF TRAVELER: _____ **Period of Travel: From:** _____ **To:** _____

ADDRESS: _____ **Job Position:** _____

_____ **Page 1 of** _____ **(USE MULTIPLE SHEETS, IF NECESSARY)**

DATE	TRAVELED FROM LOCATION	TRAVELED TO LOCATION	MILES TRAVELED (One Way)
		SUB-TOTAL MILES	

DATE	TRAVELED FROM LOCATION	TRAVELED TO LOCATION	MILES TRAVELED (One Way)
		TOTAL MILES (.67 PER MILE)	
I certify that this mileage was actually incurred by me in the performance of my duties as an employee of the Monroe City School Board.		# miles_____ X (.70)	$

Signature of Traveler: _____ **Date:** _____

Approved for Reimbursement: _____ **Date:** _____

(Supervisor/ Department Head/Superintendent)

FUNDING SOURCE: _____ **Fund/Account Number:** _____

FRM 100T (8/2024)