LINCOLN UNIFIED SCHOOL DISTRICT
MILEAGE REIMBURSEMENT FORM

NAME (please print) _____ **School/Dept** _____

Home Address _____ **For Month Ending** _____ **20** _____

_____

DATE	DESTINATION	REASON	ODOMETER START	READING FINISH	MILES TRAVELED
	Total Business Miles Traveled				

Reimbursement: Miles Traveled: _____ X Rate Per Mile $ _____ (Current IRS Rate) = $ _____

Budget Account Number to be Charged _____

I, _____, certify that this claim for mileage reimbursement is true and correct and represents business miles traveled in conjunction with my employment with the Lincoln Unified School District.

Principal/Administrator Approval _____

Please submit by June 30th of current year for reimbursement.

Send original to Accounts Payable and keep a copy for your records.