

ALTA-AURELIA COMMUNITY SCHOOL DISTRICT

Employee Mileage Reimbursement Form

Employee Name _____

Instructions:

- 1. Enter a Requisition – You are the vendor to be paid
 - a. Example: KopfSam (Last 4, First 3) Vendor ID
- 2. Fill out the form
 - a. \$ 0.670 per mile
- 3. Supervisor signature required
- 4. Return to Samantha Kopfmann mailbox
 - a. Reimbursement paid **AFTER** monthly board meeting

Date	Destination	Description	Mileage	.670	Cost
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				.670	
				.670	

Total Reimbursement _____

Employee Signature Date

Department Head Signature Date