

REIMBURSEMENT FOR MILEAGE

For Itinerant Employees Only

Name: _____ Purpose: _____

Date	From	To	Miles

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Total miles _____ x \$0.67/mile = _____ rate effective 1/1/2024

I certify that the above claim relates to travel allowable under the appropriate Board policy.

Signed _____ Date: _____

Approved for payment: _____

G/L # _____