

## Mileage Reimbursement

Revised 11/14/07

Form Owner: Financial Services

Form Location: http://www.4j.lane.edu/files/forms/finsvc/4j\_finsvc\_mileage\_reimbursement.pdf

## **USER INSTRUCTIONS**

<u>Form Purpose:</u> Use this form to request mileage reimbursement for district-related travel in your personal vehicle.

<u>How to Complete this Form:</u> Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit a hard copy of this form.

Where to Send this Form: Please return a hard copy of this form to Financial Services-Payroll.

<u>Deadline:</u> Completed forms must be received in the Financial Services office by the 15<sup>th</sup> of the month in order for you to receive reimbursement on that month's paycheck.

<u>Additional Information:</u> Additional space is provided on the reverse side of this form. You may use additional sheets if necessary. The district will calculate the reimbursement amount.

ACCOUNT	INFORMATION					
Name:						
Employee	Number:	Buildir	ding/Department:			
In-District	Mileage Account:					
Out-of-Dis	trict Mileage Account:					
PLEASE T	YPE OR PRINT INFOR	RMATION (Additional s	space is provided on the back o	of this form)		
DATE	FROM LOCATION	TO LOCATION	PURPOSE	PARKING	MILES	
			Total This Side			
			Total Both Sides			
PLEASE S	IGN AND HAVE YOUR	ADMINISTRATOR S	IGN			
Employee'	s Signature:					
Administra	ator's Signature:					
Type or Pr	int Administrator's Nam	ne:				
FINANCIA	AL SERVICE USE ONL	Υ				
Total In-District Reimbursement:			Total Out-of-District Reimbursement:			
Total Reim	nbursement:					

PLEASE TYPE OR PRINT INFORMATION									
DATE	FROM LOCATION	TO LOCATION	PURPOSE	PARKING	MILES				
			Total This Side						
	1								