West Islip Union Free School District

Mileage Reimbursement Form

Employee Name:_____

Date	From	To	Distance (miles)

Mileage Reimbursement Rates
January 1, 2025 - $0.70
January 1, 2024 - $0.67
January 1, 2023 - $0.655

Total Distance:_____

Reimbursement Rate:_____

Total Reimbursement:_____

Employee Signature:_____ Date:_____

Attach a photocopy of the purchase order to this form.
The photocopy must include an administrator's original (i.e. not photocopied) signature.

Original purchase orders (yellow copy) should only be submitted with the final mileage reimbursement request of the school year.

Revised 1/2025