

Lakewood School District #306

"In Partnership for Quality Education"



MILEAGE REIMBURSEMENT REQUEST

Employee Name: _____

Month: _____

(Please attach MapQuest/Google Maps/Etc.)

DATE	DESTINATION/PURPOSE	MILES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
TOTAL MILES		

Account Code: _____

Account Code: _____

"I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received on account thereof."

Employee Signature: _____

Supervisor Signature: _____

Date: _____

BUSINESS OFFICE ONLY:

_____ Miles times \$.54 per mile = _____

COMMONLY USED ROUTES
(ONE WAY)

LES → CCE = 1.1 MILES
LES → ECE = 0.3 MILES
LES → LMS = 0.2 MILES
LES → LHS = 0.5 MILES

CCE → LES = 1.1 MILES
CCE → ECE = 1.4 MILES
CCE → LMS = 1.3 MILES
CCE → LHS = 0.6 MILES

ECE → LES = 0.3 MILES
ECE → CCE = 1.4 MILES
ECE → LMS = 0.1 MILES
ECE → LHS = 0.8 MILES

BANK

LES → UNION = 1.5 MILES
ECE → UNION = 1.8 MILES
CCE → UNION = 2.4 MILES
LMS → UNION = 1.7 MILES
LHS → UNION = 1.8 MILES