USD #453 IN-DISTRICT MILEAGE LOG FORM
FOR USE OF PRIVATELY OWNED VEHICLES

REQUESTED BY _____ POSITION IN DISTRICT_____
(Please Print)

For the period beginning_____ and ending_____

	LOCATION OF TRAVEL			NATURE OF SCHOOL BUSINESS
DATE	FROM	TO	# MILES	(& name of person contacted)

Total miles _____ reimbursed at $.655 per mile. Amount due $_____

Date _____ Signature of Requesting Party _____

Date _____ Signature of Administrator/Director _____

ACCT#: _____-_____-_____-_____-_____ VENDOR #:_____ CHECK #: _____

Mileage rates are subject to change each year in January.

Form MUST be turned in within 60 days of event to receive reimbursement.

Final request for the year must be received at BOE by ***June 15***. DATE PD:_____

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	LOCATION OF TRAVEL			NATURE OF SCHOOL BUSINESS
DATE	FROM	TO	# MILES	(& name of person contacted)