USD #453 IN-DISTRICT MILEAGE LOG FORM FOR
SPECIAL EDUCATION REIMBURSEMENT TO **PARENT**
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 #: _____

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

(Revised January 2023)

USD #453 IN-DISTRICT MILEAGE LOG PAGE 2

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