## HINSDALE SCHOOL DISTRICT Mileage Reimbursement Request Form

| Payable to:                  |                     |   |                     | ı                       |
|------------------------------|---------------------|---|---------------------|-------------------------|
| The form below n             | nust contain the fo | , an employee must submit to his or her supervisor for approve<br>ollowing information:<br>Imbursement for and account number to be applied to. | al.                 |                         |
| Example:                     |                     |   |                     |                         |
| Date(s)                      |                     |   | Total               | Meals                   |
| Traveled                     | Destination         | Purpose   | Miles/trip          | Lodging                 |
|                              |                     |   |                     |                         |
| 1/15/2016                    | Concord NH          | Training  | 141                 | \$ 152.93               |
| Date(s) Traveled Destination |                     | Purpose   | Total<br>Miles/trip | Total Meals/<br>Lodging |
|                              |                     |   |                     |                         |
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|                              |                     |   |                     |                         |
|                              |                     | TOTAL MILES =   |                     |                         |
|                              |                     | <b>multiply</b> by mileage reimbursement rate of .70 cents/mile =   | I \$0.00            | \$ -                    |
|                              |                     | Tolls, Parking Fees, Etc.   |                     | :                       |
|                              |                     | Total to be Reimbursed:   | \$0.00              |                         |
| Employee Signature           |                     | Date  |                     |                         |
| Supervisor Signature         |                     | Date  |                     |                         |
| Account Numbe                | ⊇r                  |   |                     |                         |