

HINSDALE SCHOOL DISTRICT
Mileage Reimbursement Request Form

Payable to: _____

To receive mileage reimbursement, an employee must submit to his or her supervisor for approval.

The form below must contain the following information:

A copy of all receipts requesting reimbursement for and account number to be applied to.

Example:

<i>Date(s)</i>			<i>Total</i>	<i>Meals</i>
<i>Traveled</i>	<i>Destination</i>	<i>Purpose</i>	<i>Miles/trip</i>	<i>Lodging</i>
1/5/2026	Concord NH	Training	141	\$ 102.23

Tolls, Parking Fees, Etc.

Total to be Reimbursed: **\$0.00**

Employee Signature _____ **Date** _____

Supervisor Signature _____ Date _____

Account Number