# TULOSO MIDWAY ISD
# MILEAGE REIMBURSEMENT FORM

Mileage is due quarterly, monthly (minimum of 100 miles) or end of fiscal year.
Commuting miles are non-reimbursable (from home to place of work)

**Employee Name:** **VENDOR:**

**SCHOOL/DEPT:**

| DATE | FROM WORK LOCATION | TO WORK LOCATION | PURPOSE | MILES |
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**TOTAL REIMBURSEMENT:** **TOTAL MILES** 0.00 ________ **X MILEAGE RATE 0.50 =** .50 **$** 0.00

**ACCOUNT CODE:**

**I herby certify the above information is an accurate account of expenses incurred by me.**

**EMPLOYEE'S SIGNATURE:** **DATE:**

**ADMINISTRATIOR'S SIGNATURE:** **DATE:**

**CENTRAL OFFICE APPROVAL:** **DATE:**

TM00152.96 (rev 07/11)