

## Wilsona School District Mileage Expense Claim Form

Print Name:			Vendor No:		Work Site:	
Fund:	Resource:	Goal:	Function:	Object:	Location:	

**Instructions:**

- List to and from destination(s) as a separate trip.
- Mileage must be supported by attached print out of directions which indicates distance (i.e. Mapquest).
- If any departing or arriving address is your home address, you must also provide mileage backup from home to work as that will be deducted from reimbursement. (Ex. – You travel 20 miles to work roundtrip. You attend a training and travel from home to the training and back home. Your travel for that training was 120 miles roundtrip. 20 miles of your usual daily travel to work will be deducted and you will be reimbursed for the 100 miles you traveled).
- If performing the same exact trip multiple times, please list all dates on same trip detail.

Trip A:	Date(s):		Purpose:		Miles:
	Departing Address:				
	Arriving Address:				
	Did you drive to work on this day? <input type="radio"/> Yes <input type="radio"/> No Miles from home to work = _____				
Trip B:	Date(s):		Purpose:		Miles:
	Departing Address:				
	Arriving Address:				
	Did you drive to work on this day? <input type="radio"/> Yes <input type="radio"/> No Miles from home to work = _____				
Trip C:	Date(s):		Purpose:		Miles:
	Departing Address:				
	Arriving Address:				
	Did you drive to work on this day? <input type="radio"/> Yes <input type="radio"/> No Miles from home to work = _____				
<b>TOTAL MILES (A-C)</b>		<b>Reimbursement Amount (TOTAL MILES x \$.58 Per Mile) Rate Effective January 1, 2019 through December 31, 2019</b>			<b>\$</b>

Employee Signature:	Date:
Supervisor Signature:	Date:
Funding Verified by CBO:	Date:

The Business Department will notify when check is available for pickup at District Office.  
Employees must sign that check has been received.