# School District of Greenfield

**INTRA-DISTRICT MILEAGE FORM**

***In District Travel Only***

## **Name:**       **School:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(mm/dd/yy)** | **Destination** | **Purpose** | **Miles Traveled** |
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**Total Miles:**       @ 70￠per mile (EFFECTIVE 1/1/25) = $      due

**Signature:** Date:

**Account #:**

**Principal Signature:** Date:

**District Office Administrator Signature:** Date:

**NOTE:** Failure to complete and turn in mileage on a monthly basis may result in denial of mileage reimbursement. All mileage reimbursement forms ***must*** be turned in before the end of the fiscal year **(June 30)** of which they occurred. Any mileage forms turned in after the end of the fiscal year in which the travel occurred will be denied.