School District of Greenfield
IN DISTRICT MILEAGE FORM
In District Travel Only

Name: School: Select a school

Date (mm/dd/yy)	**Destination**	**Purpose**	**Miles Traveled**

TOTAL MILES: _____@ 58¢ per mile (EFFECTIVE 1/1/19) = **$_____due**

Submitted by: _____ Date: _____

(signature)

Account #: _____

Principal Authorization: _____ Date: _____

(signature)

District Office Administrator: _____ Date: _____

(signature)

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.