Farmersville
Unified School District

Mileage Reimbursement Log & Claim Form

Employee Name:

Date	From	To	Purpose of Travel	Beginning Odometer	Ending Odometer	Total Miles

Total miles 0

Claim - Total miles x mileage reimbursement rate 54.5 cents per mile $ 0

I hereby certify that this is a true and correct accounting of mileage driven while conducting school business; that none of the above is "commuting" mileage (e.g. mileage to and from work); that said mileage constitutes a legal claim against the school district; and that no part of this claim has heretofore been paid.

Claimant's Signature

Approved by Immediate Supervisor

Purchase Order Number or Acct Line