Farmersville Unified School District

Mileage Reimbursement Log & Claim Form

Employee: _____

Address: _____

Date	From	To	Destination/Purpose of Travel	Beginning Odometer	Ending Odometer	Total Miles
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0

Total miles 0

Claim - Total miles x mileage reimbursement rate 67 cents per mile 0

I hereby certify that this is a true and correct accounting of mileage driven while conducting school business; that said expenditures constitute a legal claim against said the district; and that no part of this claim heretofore has been paid.

_____ _____ _____

Approved by Immediate Supervisor **Claimant's Signature** **Date**

_____

Purchase Order Number

Or

FD	RE	Py	GO	FD	OB	SI	MG	%	$ Amount

Rev. 2023