

Mileage Report Form for Authorized Personnel

Month: _____

Year: _____

Date	Destination	Mileage***	*Lodging	*Meals	*Fees	**Other	TOTAL

The above listed expenses were incurred while conducting business for the Buckeye Local School District.

*Must be verified by bills or receipts

**Explain briefly: _____

*** Mileage reimbursement is based on the current IRS rate

Signature

Address

Total Mileage: _____

Total Lodging,
Meals and Fees _____

Total Other: _____

TOTAL _____

Approved By: _____

Date: _____