Buckeye Local School District

Mileage Report Form for Authorized Personnel

Month: _____

Date: _____

Date	Destination	Mileage	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 Other Briefly: _____

Mileage reimbursement is based on the Current IRS rate.

Signature:	Total Mileage:
Address:	Total Other:
	Total:
Approved By:	Date: