

Supervisor Signature

Date

2024 MILEAGE EXPENSE CLAIM FORM

Dept:	NO DISTRI	Year:						
			Comm.=Co	ommute		Reimb.=Re	imbursa	able
			SCHOOL VEH			NO SCHOOL VEH AVA		
Date	Explanation	n	Comm.		Reimb.	Comm.		Reimb.
\$0.670	<rate availa<="" for="" no="" school="" td="" vehicle=""><td>hla</td><td></td><td></td><td></td><td></td><td></td><td></td></rate>	hla						
	<rate available<="" for="" school="" td="" vehicle=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></rate>							
70.220	The solution vertice available	Total Miles						
		- Total Wiles			\$			\$
Commute miles to home base:		Minus Travel Advance						
			Total Reimbursement					\$
Employee Signature Date			Program					

Commute miles are entered for the first and last appointment of the day unless the employee travels to their headquarters (home base) before the first or after the last appointment of the day.