2025 MILEAGE EXPENSE CLAIM FORM

Name: _____

Month: _____

Year: _____

Dept: _____ **DAC:** _____

$0.700 <--Rate for no school vehicle available to use

$0.210 <--Rate for school vehicle available but not used

Date	Reason for Travel	SCHOOL VEHICLE AVAILABLE BUT NOT USED Reimbursable Miles Traveled	NO SCHOOL VEHICLE AVAILABLE TO USE Reimbursable Miles Traveled
	Total Miles	0	0
	Total Reimbursement	$ 0.00	$ 0.00

Minus Travel Advance _____

Total Reimbursement $ 0.00

Employee Signature Date

Program _____

Supervisor Signature Date

Program _____