

OXFORD PUBLIC SCHOOLS

IN-DISTRICT MILEAGE REIMBURSEMENT FORM

*Please return this original form to the Central Office for processing.
 Mileage is reimbursed at the IRS rate as of January 1st of the current calendar year.*

EMPLOYEE NAME: _____

EMPLOYEE POSITION TITLE: _____ **BUILDING:** _____

EMPLOYEE MAILING ADDRESS: _____

DATE	FROM LOCATION	TO LOCATION	TRAVEL PURPOSE	# MILES
			*TOTAL MILES:	

***Total Number of Miles:** _____ x _____ = **Total Mileage Reimbursement:** \$ _____
 (IRS rate as of January 1st)

**** FOR INTERNAL USE ONLY ****

Account Number to be Paid From: _____

APPROVED: _____ DECLINED: _____

APPROVED: _____ DECLINED: _____

 PRINCIPAL OR ADMINISTRATOR

 SCHOOL BUSINESS ADMINISTRATOR

DATE: _____

DATE: _____