



MILEAGE REIMBURSEMENT FORM

Account # _____

DATE	FROM	TO	MILEAGE
TOTAL MILES			
Approved Rate: 65.5 X cents/mile			
MISC. EXPENSES (attach receipts)			
TOTAL REIMBURSEMENT			

This is to certify that the above represents the number of miles traveled during the period stated above in connection with my duties as an employee of the Covington Independent Public Schools.

Print Name _____
Location

Signature _____
Date

Signature: Principal/Supervisor _____
Date

CLEAR ALL DATA