

**Board Policy 7430F: Mileage Claim Form**

Mileage reimbursement requests must be made via a fully completed copy of this form and submitted by the 10th of the month following travel.

Employee InformationName: Position / Job Title: Primary Work Site: Claim Month/Year: **Mileage Requirements**

- Only **actual mileage** driven for **pre-approved** in-District travel will be reimbursed (Policy 7430). In-District travel must be approved in advance by your supervisor.
- Mileage must be calculated using **Google Maps**, beginning at your **primary work site** listed above. Mark the round-trip box when you return to your work site.
- Mileage is reimbursed for the **shortest route possible**. Any other route must be approved by your supervisor.
- Expenses not in compliance with Policy 7430 will not be reimbursed.

Trip Log

Date	From	To	Purpose of Trip	Round Trip	Miles
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

**Board Policy 7430F: Mileage Claim Form****Trip Log (continued)**

Date	From	To	Purpose of Trip	Round Trip	Miles
				☐	
				☐	
				☐	
				☐	
				☐	

Total Miles Claimed: **Signature of Employee**

I hereby certify that the above is a true and just claim to Joint School District No. 171, Administrative Office, Orofino, Idaho; that the mileage claimed was calculated using Google Maps from my primary work site and reflects actual miles driven on District business; that this travel was approved in advance by my supervisor as required by Policy 7430; that the same has never been paid; and that I know of no just reason why payment should not be made.

Name: Date: Signature: **Supervisor Approval**

- ☐ I, the supervisor, **approve** this mileage claim.
- ☐ I, the supervisor, **decline** to approve this mileage claim.

Name: Date: Signature: **District Office Use Only**Rate per Mile: \$ Amount: \$ Account Code: Processed By/Date: