

**BALLARD COUNTY SCHOOLS  
2024-25 (effective 1-1-25)  
MILEAGE REIMBURSEMENT**

**NAME**

**VENDOR#**

**ADDRESS**

DATE	TO	FROM	PURPOSE OF TRIP	TOTAL MILES

TOTAL MILES 0

TOTAL MILES AT 43 CENTS PER MILE \$ -

PAY FROM MUNIS CODE:

SIGNATURE:

DATE:

APPROVED BY:

DATE: