

Wayland Union Schools

Mileage Reimbursement Form

Employee Name: _____

| Date | Description | Miles |
|------|-------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Itinerant Staff Travel Log:

| Dates for Week | Description—Days and Buildings traveled to each day | Total miles for week |
|--------------------------|---|-----------------------|
| EXAMPLE: Oct 30-Nov 3 | EXAMPLE: M,W,F- BE to SE and T, TH MS to PS to HS Note: please list buildings in order you are at each day | EXAMPLE: 8.2 miles |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Abbreviations—M,T, W,TH, F Baker (BE), Dorr (DE), Steeby (SE), Pine St (PS), Middle School (MS), High School (HS)

Total Miles _____

Rate _____

Total Cost _____

| Account Number | Amount |
|----------------|--------|
| | |
| | |
| | |

I represent that the information provided above to this claim is true and accurate. I agree to provide all information that the Administrator requests in connection with the processing of this reimbursement.

Employee

Date

Supervisor

Date