

Month	Day	Year

Jordan School District

Mileage Report

Normal Work Location _____

Miles From Home to Normal Work Location* _____

Name _____

Safe Driver Certification Date

Home Address _____

Program Description

Employee Signature / Date

Principal or Department Head / Date

Administrator or Director / Date

RATE
PER MILE \$ 0.725

Submit on June 30, December 31, or when page is full, whichever comes first.

If you wish to have a copy of this form, please copy before submitting for payment. Accounting will not send a photocopy back to you.

*Reimbursed miles are only those in excess of your normal daily commute. See the Accounting Manual (available online) for additional explanation.

**These boxes are to indicate whether miles reported include the return trip and if the 2nd Commute rules were applied where applicable.

***Use the applicable box that indicates how you computed your total miles (e.g. if using the District Tables, check the District Tables box and leave Odometer Readings and Internet boxes empty)

TOTAL TO BE PAID | **\$** -