# MILEAGE REIMBURSEMENT FORM

Anderson Union High School District
1469 Ferry Street | Anderson, CA 96007

Requesting Employee: _____ Date: _____

Mailing Address: _____

_____

Department: _____

| Date | Destination/Purpose of Travel | # of Miles |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Standard mileage between sites (one way):

AUHS/DO ↔ WVHS: 8.5 miles
AUHS/DO ↔ Cascade: 1 mile
AUHS/DO ↔ ANTHS: 1 mile
AUHS/DO ↔ SCOE: 12.5 miles

| | |
|---|---|
| Total Miles | 0 |
| x Current Rate | .58 |
| Total Reimbursement | |

_____ _____

*Requesting Employee* *Date* *Supervisor* *Date*

Return to Elke Proscher at the District Office, ext. 10008

Revised 07/2018

Submit