



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):	Total Miles	
AUHS/DO ↔ WVHS: 8.5 miles AUHS/DO ↔ Cascade: 1 mile	x Current Rate	.545
AUHS/DO ↔ ANTHS: 1 mile AUHS/DO ↔ SCOE: 12.5 miles	Total Reimbursement	

Requesting Employee _____ Date _____ Supervisor _____ Date _____