

PRIORITY CHARTER SCHOOLS MILEAGE REIMBURSEMENT FORM

Employee: _____

School/Dept: _____

DATE	Starting Point (assigned workplace)/Destination/Purpose	MILEAGE
Total Mileage		
Rate of Reimbursement Per Mile		\$ 0.67
Total Reimbursement		

The following chart will be used when determining mileage for inter-district and/or Regional Service Centers (One-way mileage is listed):

	Admin	Copperas Cove	Killeen	Temple
Admin		34	21	
Copperas Cove	34		12	39
Killeen	21	12		29
Temple		39	29	
Region 12	35	70	60	33

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Superintendent _____ Date _____

Account Code _____ Audited by _____