

## PRIORITY CHARTER SCHOOLS MILEAGE REIMBURSEMENT FORM

Employee: \_\_\_\_\_

School/Dept: \_\_\_\_\_

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