BHASED
Black Hawk Area Special Education District

STAFF MILEAGE CLAIM

NAME _____ **DATE SUBMITTED:** _____

Home to home base (51% or more) Location: _____ **Miles:** _____

Itinerant (no home base)

DIRECTIONS: Please enter the date, the sequence of stops made during each work day. See mileage chart on back for assistance. Google maps is default basis.

MILEAGE MUST BE SUBMITTED TO THE BUSINESS OFFICE NO LATER THAN 60 DAYS FROM OCCURRENCE IN ORDER TO RECEIVE REIMBURSEMENT.

DATE	Indicate EACH stop with single or double arrow lines for one way or round trips. (Ex,: home > Mercer County HS > BHASED < > Glenview > home)	Miles Driven	Claimable Miles

Account Number: _____ **Total Mileage:** 0

Approved: _____ **@ $ .58 cents per Mile:** $ 0.00