



2021 STAFF MILEAGE CLAIM FORM

NAME: _____ **DATE SUBMITTED** _____

POSITION: _____

Home to home base (51% or more) **LOCATION:** _____ **MILES:** _____

DIRECTIONS: *Enter date driven, sequence of stops during that day & miles driven.
Miles claimed must be within 60 days of date driven.
Include only one month per claim form.*

DATE	List EACH stop with single or double arrow lines for one way or round trips (Example: Home>Mercer County HS > BHASSED < > Glenview > Home)	MILES DRIVEN	MILES CLAIMED

ACCT # _____	TOTAL
	2021 RATE
	CLAIM

APPROVAL _____