BHASED
Black Hawk Area Special Education District

2022 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 > BHASED < > Glenview > Home)	MILES DRIVEN	MILES CLAIMED

ACCT # _____

TOTAL	0
2022 RATE	**$ .585**
CLAIM	$ 0.00

APPROVAL _____