



**2022 STAFF MILEAGE CLAIM FORM**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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**

**2022 RATE \$ 0.625**

**APPROVAL** \_\_\_\_\_

**CLAIM**