



2023 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

2023 RATE \$ 0.655

APPROVAL _____

CLAIM