



2024 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

2024 RATE \$0.670

APPROVAL _____

CLAIM