ANTHONY ISD - LOCAL MILEAGE REIMBURESEMENT FORM

For mandated travel within Dona Ana, El Paso, and Hudspeth Counties.

District Accounting Bulletin #23 – In-City Mileage

First Name_____Last Name_____Campus_____

Date _____Month Claiming_____(File once at the end of the month Payable the 15th)

DATE	MILES FROM	MILES TO	WORKSHOP AND/OR PURPOSE (list specific destination and purpose)	TOTAL MILEAGE
			Total Actual Mileage	
			X - Mileage Rate	.545
			Mileage Reimbursement	
			Parking (must include receipts)	
			Total Reimbursement	

Account Number

THE STATE OF TEXAS COUNTY OF EL PASO, I certify that the above is a true and correct rendering of the travel performed on the dates indicated and that the expenses were incurred in connection with official Anthony ISD business. I have not been previously reimbursed for this travel.

_____ _____

Employee Requesting Reimbursement/**DATE** Immediate Principal/Director/**DATE**

For Use by Accounts Payable Only: Date Received_____Date Returned:_____