## 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 15 <sup>th</sup>
DATE	MILES FROM	MILES TO		HOP AND/OR PURPOSE ic destination and purpose)	TOTAL MILEAGE
				Total Actual Mileage	505
				X - Mileage Rate Mileage Reimbursement	.535
				Parking (must include receipts)  Total Reimbursement	
Account Nu	ımber				
he dates indi				ne above is a true and correct rendering of the on with official Anthony ISD business. I hav	
Employee F	Requesting Re	imbursement	/DATE Imr	nediate Principal/Director/ <b>DATE</b>	
For Use by A	Accounts Payab	le Only: Dat	e Received	Date Returned:	