**DILLARD ACADEMY CHARTER SCHOOL**

**MILEAGE REIMBURSEMENT FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***You must fill out a separate form for each professional development/workshop/training. Please note that employees must file form no later than 30 days following the completion of the trip***.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PD/Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PD Address/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attached a copy of registration/program***

|  |
| --- |
| **(Must have Approval to be processed)**  **□ Approved □ Not Approved Date: Approved by:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Travel** | **Total Mileage** | **Rate: $.58** | **Computation (ex. 50 miles x .58=)** | **Requested Amount** |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Must attach map directions/mileage**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

|  |
| --- |
| **For Office use Only**  Date received Date processed: |