



Clint Independent School District  
 Mileage Reimbursement Request Form



The undersigned requests reimbursement in the amount of \_\_\_\_\_ for a total of \_\_\_\_\_ miles at the rate of 54.5 cents per mile . Signatures indicate all travel listed was on official school business and fully authorized. Mileage rates are subject to change.

**\*\*Note\*\***

All requests for reimbursements will be tallied monthly and submitted on a monthly basis. Please submit the request on or before the 10th day of the next month.

Date: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date	Enter D for District Mileage Chart or M for Map	From	To	Miles	Purpose