

Ashford School

Request for Mileage Reimbursement

Date of Request: _____

Employee Name: _____

Home Address: _____

Home Telephone: _____

Reason for Travel: _____

Address of Event:

Street: _____

City _____ State: _____ Zip Code: _____

Mileage is paid at the IRS reimbursement rate and is calculated as the distance from Ashford School to the address of the event and multiplied by two. The distance for which reimbursement is sought is obtained via *MapQuest*.

Total Round Trip Miles: _____

IRS Reimbursement Rate/Mile: _____

Amount of Reimbursement (to be calculated by Finance Administrator): _____

Signature of Supervisor

Date

Signature of Superintendent of Schools

Date