BOYCEVILLE COMMUNITY SCHOOL DISTRICT

MILEAGE CLAIM FORM

Name: _____

Date of Travel	Destination	Purpose of trip	Miles

Total Number of Miles Driven: 0

RATE: $ 0.700

REIMBURSEMENT: $ 0.00

All claims for mileage payment for school authorized transportation are to be submitted on this form. Claims must be submitted by the 5th of the month.