

**BOYCEVILLE COMMUNITY SCHOOL DISTRICT**  
**MILEAGE CLAIM FORM**

Name: \_\_\_\_\_

Date of Travel	Destination	Purpose of trip	Miles

Total Number of Miles Driven: \_\_\_\_\_

RATE: \_\_\_\_\_

REIMBURSEMENT: \_\_\_\_\_

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