

CANTON ISD MILEAGE REIMBURSEMENT FORM

****An online map of the actual mileage must be attached in order for reimbursement to be approved.****

NAME OF EMPLOYEE _____

CAMPUS/DEPARTMENT _____

RECORD OF TRAVEL

DATE	Location(s) Visited & Purpose of Travel	Miles Traveled

Total Miles: _____

Mileage Reimbursement: _____

I certify that the above mileage expenses are true and correct and were incurred by me in the performance of my official duties in accordance with Canton ISD policy.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Budget Code: _____