

Avondale School District Mileage Reimbursement Request Form - 2025

Print Employee Name

Employee ID No.

Begin Date

End Date

Employee signature to certify district mileage

Supervisor signature to approve payment

Line	DATE	TRIP TO / FROM	PURPOSE	MILES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
			GRAND TOTAL ALL MILES	
			Multiply by 2025 RATE PER MILE	0.70
			TOTAL REIMBURSEMENT	

Account numbers to charge

Percentage

rate effective 1/1/2024