



MILEAGE REIMBURSEMENT

EMPLOYEE'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MONTH: \_\_\_\_\_

\_\_\_\_\_ kilometres @ \_\_\_\_\_ I hereby certify that I have travelled \_\_\_\_\_ kms. on SD No. 40 business as detailed below.

\_\_\_\_\_  
(employee signature)

DATE	FROM/TO	KILOMETRES	COMMENTS/DETAILS
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.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____
31.	_____	_____	_____

Code: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
(Supervisor or Department Head)

Approved by \_\_\_\_\_  
District Office: \_\_\_\_\_