



# SUMMIT ACADEMY

## Mileage Reimbursement

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

Fund: \_\_\_\_\_

Trip Destination(s): \_\_\_\_\_

Total Miles: \_\_\_\_\_

Trip Date(s): \_\_\_\_\_

Purpose of Trip:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I certify these charges are accurate and I am not claiming reimbursement from any other source.*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Mileage Rate \_\_\_\_\_ Total Reimbursement

***\*\*Please include a detailed copy of all mileage being submitted for reimbursement\*\****