PICKERINGTON LOCAL SCHOOL DISTRICT

Mileage Statement

Employee ID _____

_____ _____

Name (please print) Date Submitted

Check (✓) month(s) for which statement is submitted:

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Teachers submit form to principal for approval.
Non-teaching employees submit form to immediate supervisor for approval.

Submit form when total amount due exceeds $10.00.

Date	Place	Purpose of Trip	Round Trip Miles

Total Miles _____ x .545¢* = $_____

Other Reimbursable Expenses** = _____ (all receipts must be attached)

Total Amount Due = $_____

*Per the terms of this Agreement, Board Policy, and the IRS.

**Other reimbursable expenses other than parking and mileage must have prior approval.

_____ _____

Supervisor/Principal Approval Date

Return completed form with Supervisor/Principals signature to Assistant Superintendent's office.

_____ _____

Assistant Superintendent/Designee Approval Date