CLAIM FOR MILEAGE
TRAVEL AND MISCELLANEOUS EXPENSES
2024

Name:_____ **Date:**_____
(Please Print)

Building:_____ **Purchase Order #:**_____

Note: Purchase orders MUST be opened PRIOR to incurring any expense

Date	Indicate Destination And itemize Travel Expenses (attach original receipts where necessary)	# of Miles	@rate/mile ($0.67/mile as of Jan 1, 2024)	Total Amount

I have verified that that I have not submitted a claim for mileage reimbursement on any day that I was not in attendance (sick, personal, vacation, etc.) or on any day when school was closed due to inclement weather or holiday. (Exception - conference attendance or travel which is required by maintenance/grounds staff, etc.)

Employee's Signature:_____ **Date:**_____

Administrator's Signature:_____ **Date:**_____

Approval Amount: $_____ **Comments:**_____

Mileage paid at IRS rate, subject to change. Effective January 1, 2024 rate is 0.67 per mile
(NOTE: For District office use JJHS/JJMS mileage)

MP to IM	**11miles**	**JJMS/JJHS to LES**	**3.5 miles**
MP to KES	**14 miles**	**JJMS/JJHS to KES**	**7 miles**
MP to LES	**5 miles**	**JJMS/JJHS to IM**	**4 miles**
KES to LES	**10 miles**	**JJMS/JJHS to MP**	**7 miles**
KES to IM	**5 miles**		
IM to LES	**7 miles**		

FOR DISTANCES OTHER THAN NOTED, PLEASE ATTACH VERIFICATION FROM MAP QUEST OR GOOGLE MAPS

Revised 12/28/23