NEOGA COMMUNITY UNIT SCHOOL DISTRICT #3

MILEAGE REIMBURSEMENT FORM

This form must be submitted to the Unit Office by the 25th day of the month. A check will be issued following board approval.

DATE _____ NAME _____

Date	Destination	Purpose of Trip	Mileage

Total Miles _____

Rate per Mile 0.725

TOTAL REIMBURSEMENT _____

APPROVED:

Date _____ _____
Signature of Principal

Date _____ _____
Signature of Superintendent

2/01