

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 _____ 0.70

TOTAL REIMBURSEMENT _____

APPROVED: _____

Date _____

Signature of Principal

Date _____

Signature of Superintendent