

**RSU 9 IN-DISTRICT OR OUT-OF-DISTRICT MILEAGE FORM**

MT. BLUE REGIONAL SCHOOL DISTRICT

EMPLOYEE ID#

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

Please Print

**MUST BE SUBMITTED MONTHLY**

***This form is NOT to be used for conference or workshop mileage.***

DATE	DESTINATION FROM/TO				MILES
				TOTAL MILES	0
				Rate per Mile FY 24	\$0.585
				TOTAL DUE	\$0.00

**ACCOUNT NUMBER:****ACCOUNT NUMBER:**

**PROVIDE EXPLANATION FOR ANY OUT OF DISTRICT MILEAGE**

I certify that the mileages claimed are accurate, that the mileage claimed is for school business only, and that this claim is accurate in every detail.

**SIGNATURE:**

**APPROVED BY:**

(Principal/Supervisor)

DATE:

Updated: 1/05/2024