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)	DESTINATION (TO)	MILES
		TOTAL MILES	0
		Rate per Mile FY 25 (thru 12/31/24)	$0.585
		TOTAL DUE	**$0.00**

ACCOUNT #:	
ACCOUNT #:	

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: _____ **DATE:** _____

(Principal/Supervisor)

Updated: 08/20/2024