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	
	Rate per Mile FY 24	$0.56
	TOTAL DUE	

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: _____ **DATE:**

APPROVED BY: _____ **DATE:**

(Principal/Supervisor)

Updated: 8/31/2023