CANUTILLO INDEPENDENT SCHOOL DISTRICT

MILEAGE REIMBURSEMENT FORM

DATE	BEGINNING ADDRESS FROM*	ENDING ADDRESS TO*	NATURE OF BUSINESS	TOTAL MILES

If a campus is the destination use the following:
*AMS BCE CMS DDE CO
CES CHS GES JDE SS

Mileage forms are to be submitted by the 15th of the following month.

DATE	BEGINNING ADDRESS FROM*	ENDING ADDRESS TO*	NATURE OF BUSINESS	TOTAL MILES

If a campus is the destination use the following:
*AMS BCE CMS DDE CO
CES CHS GES JDE SS

Account Number

Total miles traveled_____ x _____(State rate)=Total amount due $_____.
Refer to the following website for the current State rate: http://www.window.state.tx.us/comptrol/texastra.html
I, hereby certify that the above travel was in connection with authorized school business, and that said travel was in my personal vehicle for the miles indicated and that the above statement is true.

Employee's signature **Print Name** _____ Date

Supervisor's signature **Print Name** _____ Date

If the business meeting is outside the district, then the individual may use *Map Quest* or *Google Search,* or some other mileage guide to determine the miles used. Please print out the page used so that it can support the miles claimed.

Mileage forms are to be submitted by the 15th of the following month.