Ann Arbor Public Schools
Monthly Travel Mileage Claim Form

Employee Name ____________________ EMPLOYEE ID# ____________________

Building ____________________ Department/Location ____________________

Home Street Address ____________________ Month/Year ____________________

Submit monthly, one month per page.

Home City/ST/Zip ____________________ Use Additional page if needed

IMPORTANT: Use one line per day/trip. Not for conference reimbursement.

IRS Reimbursement Rate $0.655 per mile (effective 01/01/2023)

Date	Trip Description	Miles	Rate	Total
			$0.655	
			$0.655	
			$0.655	
			$0.655	
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			$0.655	
			$0.655	
			$0.655	
			$0.655	
			$0.655	
			$0.655	
	Total Miles:		x rate	

Authorized Signature ____ DATE __________

G/L Account Code ____

Must be printed on ***Yellow*** *paper*