Ann Arbor Public Schools

Monthly Travel Mileage Claim Form

Employee Name _____ EMPLOYEE ID# _____

Building _____ Department/Location _____

Home Street Address _____ Month/Year _____

Home City/ST/Zip _____

Submit monthly, one month per page - use additional page if needed

IMPORTANT: Use one line per day/trip. Not for conference reimbursement. IRS Reimbursement Rate $0.56 per mile.

Date	Trip Description	Mileage *	Rate	Total
			0.560	
			0.560	
			0.560	
			0.560	
			0.560	
			0.560	
			0.560	
			0.560	
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			0.560	
			0.560	
			0.560	

Total Miles _____ x Rate **$**_____

Reimbursement

Authorized Signature: _____ Date: _____

GL Account Code: _____

Must be printed on YELLOW paper