Ann Arbor Public Schools
Monthly Travel Mileage Claim Form

Employee Name _____ **Employee ID #** _____
Building _____ Department/Location _____
Home Street Address _____ Month _____
Home City/State/Zip _____ Submit one month per page - use addl page if needed.

IMPORTANT: Use one line per day/trip. Not for conference reimbursement. IRS Reimbursement Rate $0.580 per mile.

Date	Trip Description	Mileage *	Rate	Total
			0.58	
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			0.58	

Total Miles _____ x Rate **$**_____
Reimbursement

_____ _____
Authorized Signature Date

Must be printed on YELLOW paper