

Wood County Educational Service Center

Mileage Reimbursement Form – Effective July 1, 2020

For the MONTH of: _____

Date	Starting From:	To:	Miles

Total Miles: _____
\$0.575

Employee PRINTED Name: _____

Allowable: \$

Supervisor Signature: _____

Miles from your home to your first work site & miles from your last work site to home are NOT reimbursable.

This form must be submitted to Melanie Feather, Accounts Payable Specialist, by the *first* payroll pay date of the month in order to be reimbursed on the second payroll pay date of the month.

Failure to submit this form MONTHLY forfeits reimbursement.