## **Wood County Educational Service Center**

## Mileage Reimbursement Form - Effective JANUARY 1, 2024

For the MONTH of:		<del></del>	
Date	Starting From:	To:	Miles
	0		
	8		
	B.		
	6		
	( <del></del>		
	R		
	-		
	8	Total Miles:	
Employee PRINTED Name:		\$0.67	
Supervisor Signature:		Allowable: \$	

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 Laurie Haar, Fiscal Data Specialist, by the <u>first</u> 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.

## **MILEAGE REIMBURSEMENT FORM**

•	Mileage	reimbursement	forms mu	ist be filled	dout and	submitted	monthly.
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- The rate of reimbursement is \$0.67/mile which matches the current IRS mileage rate.
- Mileage reimbursements are made for the miles from work to an offsite & from the offsite
  back to work
  - Miles from home are not reimbursable
- The employee must print their name and the supervisor must sign for approval of the mileage before the form is submitted to A/P by the *first* payroll date of the following month in order to be reimbursed on the second payroll date of the month.
- Mileage forms that are not submitted on time may be held for reimbursement on the 2<sup>nd</sup> pay of the following month.