

Wood County Educational Service Center

Mileage Reimbursement Form – Effective JANUARY 1, 2024

For the MONTH of: _____

Date	Starting From:	To:	Miles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Miles: _____
\$0.67

Employee PRINTED Name: _____

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 Addison Clark, Fiscal Data 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.