

# Wood County Educational Service Center

## Mileage Reimbursement Form – Effective July 1, 2019

For the MONTH of: \_\_\_\_\_

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

Employee PRINTED Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Total Miles:**  
**\$0.58**

**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 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.**