



Columbia Union School District

“Home of the 49ers”

MILEAGE REPORT AND REIMBURSEMENT FORM

Employee Name _____

Mailing Address _____

Total Mileage: _____

2020 IRS Rate: \$.56

Account Code _____

Total Reimbursement: \$ _____

Please attach back-up to show your mileage

Date	Reason for Trip	Starting Location	Ending Location	Mileage
Total Mileage				

Turn in form to the District Office upon your return.

I certify that this is a true and correct statement of distance traveled on school business for the date indicated.

Employee Signature _____

Date _____

Supervisor's Signature _____

Date _____