1. Fill in Name, Address, City/St/Zip and Date.
2. Fill in information for Dates, Travel (From-To), # of Days, Student Miles, and/or Non-Student Miles.
3. Complete, sign and turn in to the Coop for Directors approval by the 25th of each month.
4. Mileage after May 15th is due on your last contract day (does not apply to extended contract staff).
5. Mileage reimbursements will be paid following the school board meeting the 2nd Tuesday of each month.
6. Non-student miles are to be used for professional staff development.

WamegoSpecial Services MILEAGE REPORT

Wamego USD #320

NAME _____ **DATE** _____

ADDRESS _____ **CITY/ST/ZIP** _____

DATES	TRAVEL (From-To)	# of Days	Student Miles	Non-Student Miles	Total Miles

For office use only……..

Student Miles	4315
Non-Student Miles	43152
Secondary Student Miles	43150-02
Secondary Non-Student M	43152-02

Total Student Miles _____

X .58 cents _____

Total Non-Student Miles _____

X .58 cents _____

Total Reimbursement @ .58 cents per mile _____

_____ _____

Signature of Individual Making Claim

Approved by Director/Coordinator