Employee Name	
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## Wheatland School District Mileage Reimbursment Form

Employee Mileage

	_		-
Date	Reasor	1	Miles
		Total Miles	
	Total Miles @ .575 = \$		
PLEASE CIRCLE ONE	DD 17 11/04	. T DDE	WE DDE
School: DO	BR LT WCA	LI-PRE	WE-PRE
	Other:		
Supervisor/Principal Approval		Employee Signature	
BUDGET COD	F·		
Effective: 01/01/2014	<u>-</u>		