

Windsor Central Supervisory Union
MILEAGE REIMBURSEMENT REQUEST

School/Location: _____

Employee Name: _____

Date: _____

Date	Departure Location	Arrival Location	Purpose	Miles	Comments
				Total miles x \$0.670	\$

Account# _____

Employee Signature: _____

Supervisor's Approval _____ (Initials)

1. This mileage rate is effective for all reimbursable travel on or after **January 1, 2024** until further notice.
2. Distance is measured from either your home address or your work address, whichever is closest.
3. MILES claimed for each line may be the total for the DATE.
4. MILEAGE paid for grants is that which is specified within the grant documentation.
5. *Mileage reimbursement requests **MUST** be submitted at least every quarter within 30 days following the end of the quarter.*
6. *Year end submissions must be done by the last day of school.*