



SPRING CREEK INDEPENDENT SCHOOL DISTRICT
MILEAGE REIMBURSEMENT FORM

Employee Name: _____

Date of Travel: _____

Workshop/Conference/Meeting: _____

Rate per Mile: \$ 0.535

Starting Location: _____

Destination: _____

Beginning Odometer Reading: _____

Ending Odometer Reading: _____

Total Miles: _____ x \$ 0.535 = _____

Employee Signature: _____

Date Submitted: _____

FOR OFFICE USE ONLY

Approved

Denied

Superintendent Signature: _____

Account Code: _____