

Louisville City Schools Mileage Reimbursement Form

Name: _____ Vendor #: _____

Date	Miles	Purpose	Date	Miles	Purpose
Total:			Total:		

$$\frac{\text{_____}}{\text{(Total Miles)}} \times \frac{\mathbf{\$0.535}}{\text{(Current Rate)}} = \frac{\text{_____}}{\text{(Reimbursement Amt.)}}$$

Employee Signature: _____

Approved By: _____
 Prin.
 Supt.
 Treas.
 Date

Code: _____