MILEAGE REIMBURSEMENT

SPECIAL EDUCATION STAFF – Mileage shall be recorded by days of the calendar month. Form must be in our office by the 20th day of each month to be processed and paid on the 15th of the following month. Send form to the Special Education Office, 106 E Front Street, Gilman, IL 60938

FOR THE MONTH OF: _____ SIGNED: _____

ADDRESS CHECK IS TO BE SENT TO: _____

DATE	FROM – TO (Location-Not Odometer Reading)	REASON	MILES
TOTAL MILES DRIVEN			
PER MILE REIMBURSEMENT			**.56**
		TOTAL	