# Wood County Educational Service Center

*Mileage Reimbursement Form – Effective JANUARY 1,* **2025**

For the MONTH of: ____________________

| Date | *Starting From:* | *To:* | Miles |
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**Total Miles:** ________

**$ 0.70** ________

*Employee* PRINTED *Name:* ____________________

*Supervisor Signature:* ____________________

**Allowable: $** [ ]

**Miles from your home to your first work site & miles from your last work site to home are NOT reimbursable.**

This form must be submitted to Addison Clark, Fiscal Data Specialist, by the *first* payroll pay date of the month in order to be reimbursed on the second payroll pay date of the month.

**Failure to submit this form MONTHLY forfeits reimbursement.**

*(cfo/ mileage/mileage form.doc)* **8.29.24**