



ROSCOMMON AREA PUBLIC SCHOOLS

2024 MILEAGE REIMBURSEMENT FORM

Print Name _____

Month _____

DATE	FROM	TO	MILEAGE

TOTAL MILES: _____

RATE PER MILE: _____ .67¢

TOTAL TO BE REIMBURSED: \$ _____

APPROVAL: _____

BUSINESS OFFICE: _____

NOTICE Mileage Reimbursement Rates change annually at the first of each year.

Please attach a mileage report