Independent School District No. 625

Saint Paul Public Schools

360 Colborne Street, Saint Paul, Minnesota 55102-3299

Mileage Reimbursement Request- Plan A

Page of

Rev 110806

|  |  |
| --- | --- |
| Name & Home Address (Please Print Legibly): | Month/Year of Miles Driven |
| Title: |
|  |
|  |  |  |
| School/Department: |
| Employee Number: |  |
| MM/DD/YYDate | From | To | Purpose | (Print Legibly)Miles |
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| This report is a correct statement of the Auto Allowance due me as authorized by the Board of Education for use of my automobile on official business as an employee of the Saint Paul Public Schools. In addition, I certify that the owner of any vehicle used for thispurpose carries the appropriate liability insurance as required by State Statute. | Total Miles |  |
| Reimbursement | $ |
|  | Budget code must be included to be processed. |
| Percent/Amount Fund Org Pro Fin Obj Cou |
| Employee Signature Date |
|  |  |  |  |  |  |  |
| Budget Administrator Signature Date |  |  |  |  |  |  |  |