

**Charlevoix Public Schools
Board Policy - Reimbursement**

6320H - MILEAGE REIMBURSEMENT

Complete [Form 6320H F1](#) as follows:

** Date	Type date of mileage requesting reimbursement took place.
** From/To	From what destination to what location.
** Mileage	Miles driven.
** Total Mileage	Total all miles driven.
** Total Mileage Reimbursement	Total miles x Board approved rate per mile.
** Employee Signature	Must have signature or will be returned.
** Principal/Supervisor Signature	Must have signature or will be returned.
** Account Number	Principal or supervisor will assign account number.

When completed, submit the form to the Accounts Payable Clerk bi-weekly.