White Bear Lake Area Schools ISD 624
HOMEBOUND EMPLOYEE MILEAGE REPORT

Name _____ Budget # _____
Street Address _____
City, State, Zip Code _____ Bldg./Dept _____

To expedite processing of this reimbursement, please be sure that all information and required signatures are provided. THIS FORM MUST BE COMPLETED IN INK

Record miles driven from student's school to home and back to the school

Date	Destination/Function/Purpose	Miles	$$$$	$$$$
	Total # Miles			
	x rate per mile			
	Total amount due			
			Grand Total	

I certify that the above claim is just and true and the charges are official and are such as are allowed by law and that no part of said claim has been paid

Signature _____ Approval _____

6/15/00