Manheim Central School District

2022 Reimbursement Request with Standard Mileage Chart

Business Office Review	
Account #	
Amount	
Date Paid	
Verified By	
Voucher #:	

Employee Name (Please Print): _____

Date	Purpose of Trip	Place	Miles[1]	Mileage $	Meals[2]	Lodging[2]	Other[2]	Line Total
							Total[3]	

[1] **Please use the standardized mileage chart below for mileage between district buildings**

[2] **I certify that the above expenses were incurred for performance of my work and all receipts are attached.**

[3] **I understand that checks for amounts less than $10 will not be issued, but amounts will accumulate.**

When the total accumulation reaches $10, a check will be issued during the next business cycle.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Current Mileage
Reimbursement Rate
$0.585

	Doe Run	Baron	HS	MS	DO/BO	Maint
Doe Run		1.5	1.6	1.3	1.4	0.6
Baron	1.5		0.5	1.2	1.4	1.0
HS	1.6	0.5		1.0	0.9	1.1
MS	1.3	1.2	1.0			0.9
DO/BO	1.4	1.4	0.9			1.0
Maint	0.6	1.0	1.1	0.9	1.0	