

HAMDEN PUBLIC SCHOOLS

**MILEAGE REIMBURSEMENT
2016 - 2017**

Name: _____ Dept: _____

School: _____

PLEASE FILE THIS FORM BY JANUARY 30, 2017 AND JUNE 09, 2017

PLEASE BE SURE TO USE EACH LINE AS ONE WAY

DATE	FROM	TO	# OF MILES

Mileage Jul. 1, 2016 – Dec. 31, 2016 _____ @ .54/mile = _____
Mileage Jan. 1, 2017 – Jun 30, 2017 _____ @ .535/mile = _____
Total Amount of Reimbursement \$ _____

Approved by: _____ Date: _____