New Prague Area Schools 410 Central Avenue North New Prague, MN 56071 952-758-1700

Payable to:		
Address:		
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## **EMPLOYEE MILEAGE FORM**

Ac	Reimbursed	
Building:		
Date:		

	Date	Purpose/Destination	Total Miles	Mileage @ current federal rate	Account Code					Reimbursed Amount		
Signature of Claimant  District Administrator Signature  Principal Signature												
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Principal Signature									10	otal An	nount	-
Principal Signature												
	Signature of Claimant			•	District Administrator Signature							
I declare under the penalities of law that this account, claim or demand is just and correct and that no part of is has been paid.	Principal Signature											

All claims for mileage must be accompanied by an independent statement of mileage between points of travel such as MapQuest, as per district mileage policy number 713. And payable if only a district is not available or pre-approved by the business office.