

**SOLANCO SCHOOL DISTRICT  
121 South Hess Street  
Quarryville, PA 17566**

**MILEAGE EXPENSE REIMBURSEMENT FORM**

Program mileage should be charged to: \_\_\_\_\_

This is to certify that I have traveled \_\_\_\_\_ miles on approved school business during the period of \_\_\_\_\_ to \_\_\_\_\_ as recorded on the back of this form.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Supervisor's Signature

\_\_\_\_\_  
Business Manager

**MILEAGE REIMBURSEMENT POLICY**

1. Mileage reimbursement forms can be downloaded from the district website, or obtained in the offices of each of the schools, or at the Administration Building.
2. Only authorized travel is reimbursed.
3. Except for prior approved workshop or conference travel which is submitted on special conference reimbursement forms, reimbursement for staff whose schedule requires them to travel from one school to another during the day etc., are to be submitted on this form. The completion of the back of this form will become the official record of mileage reimbursed by the district to individuals. All mileage records of the past six years as well as mileage reimbursement records turned in on this form are subject to review and audit at all times.

8720.3 Staff members claiming reimbursement for mileage incurred for authorized travel on school related business shall submit their claims to the business office on a monthly basis or within 30 days after the accumulated miles exceeds 300. All mileage claims for a particular school year (July through June) must be submitted to the business office for payment in that given school year, on or prior to June 30th.

8720.4 Part-time personnel are authorized travel reimbursement after completing ten (10) consecutive days of substitute work in the same position and accumulating 150 miles of authorized travel. Authorized travel is travel required to perform the job or travel authorized by the building principal, subject to review by the superintendent of schools. Once part-time personnel qualify for travel reimbursement they will be reimbursed as per policy 8720.3 or on termination of employment as a continuous substitute in a given position.

8720.5 Claim forms must be submitted to the business office on or prior to the first working day of the month following the actual travel dates. Claim forms received late will be processed for payment during the subsequent month.

Use reverse side of this form for recording mileage claimed.

**For Business Office Use Only**

Vendor # \_\_\_\_\_

Account Code: \_\_\_\_\_

Total Amount to be Reimbursed: \_\_\_\_\_

