Employee Name:_____

Wheatland School District
Mileage Reimbursment Form

Submit to District Office within 60 days of date incurred.

Date	Reason	Miles
	Employee Name:	
	Employee Address:	
	Total Miles	

Total Miles @ Current IRS mileage rate =	$

PLEASE CHOOSE THE SITE

School: ◯ ***DO*** ◯ ***BR*** ◯ ***LT*** ◯ ***WCA*** ◯ ***WE*** ◯ ***LT-PRE*** ◉ ***WE-PRE***

_____ _____

Supervisor/Principal Approval **Employee Signature**

BUDGET CODE: _____

Effective: 07/01/2026