Employee Name:_____

Wheatland School District Mileage Reimbursment Form

Submit to District Office within 60 days of date incurred.

Dat		Reason				Miles		
		Employee						
Employee Address:								
					Total M	ilos		
	Total Miles							
Total M					es @ .70 = \$			
PLEASE CHOOSE THE SITE								
School:	DO	BR	1 T	WCA	WE	LT-PRE	WE-PRE	
SC11001.	00	DK	LI	WCA	VVE	LI-PRE	WE-FRE	
Supervisor/	Approva	ıl		Employee Signature				

BUDGET CODE:

Effective: 07/21/2025