

Employee Name: _____

Wheatland School District **Mileage Reimbursement Form**

Submit to District Office within 60 days of date incurred.

[illegible]

PLEASE CHOOSE THE SITE

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

Supervisor/Principal Approval

Employee Signature

BUDGET CODE:

Effective: 07/21/2025