Sumner County Education Services Interlocal, 619

2612 N A St.

Wellington, KS 67152

620-326-8935 FAX 620-326-6496

**MILEAGE REIMBURSEMENT**

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period From: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

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| --- |
| PURPOSE:NSC = No Student Contact (action in no way benefits a student directly or indirectly1. Administrative travel;
2. Recruiting of Personnel;

SC = Student Contact1. Handling, copying, working with materials that will benefit a student(s);
2. Staff travel from one school to another;
3. Transporting exceptional children as required by IEP
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| **Date of Travel** | **Destination** | **Purpose** | **Miles Driven** |
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|  | **Total Miles** |  |
| **Reimbursement Rate per mile** | **0.56** |
| **Total Reimbursement** |  |
| Email/Send to **Candi McMinn by the 10th of the month cmcminn@d619.org** |

Requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ Base School\_\_\_\_\_\_\_\_\_\_

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_