

**BEDFORD PUBLIC SCHOOLS**  
**2022 July-December MILEAGE REIMBURSEMENT REQUEST**  
 Record only travel in your own vehicle  
 Use In-District Mileage Chart for in-district travel  
 Attach mapped documentation for travel outside of district  
**SUBMIT MONTHLY OR QUARTERLY**

**CURRENT**  
**RATE**  
 \$0.625

Print Employee Name: \_\_\_\_\_

Date	Destination	Purpose	Miles Traveled

**TOTAL MILES DRIVEN** \_\_\_\_\_  
**CURRENT IRS MILEAGE REIMBURSEMENT RATE** \_\_\_\_\_  
**TOTAL MILEAGE REIMBURSEMENT REQUEST** \_\_\_\_\_

I certify that the above is an accurate report of miles traveled in my personal vehicle:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check should be Delivered to:

Account Code:

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_