



MILEAGE CLAIM FORM

2023 – 2024

DATE	MILEAGE IS DETERMINED FROM SCHOOL TO MEETING TO HOME	# OF KM

TOTAL NUMBER OF KM: _____ AMOUNT OF CLAIM: \$ _____

NAME: _____ (pls. print)

SCHOOL: _____ (pls. print)

SIGNATURE: _____

APPROVED BY: _____

THE APPROVED AMOUNT PER KM IS \$0.65