ARANSAS PASS ISD MILEAGE REIMBURSEMENT FORM



PLOYEE: _			CAMPUS/DEPT:		
	Account Code:				
DATE	STARTING LOCATION	ODOMETER READING	DESTINATION	ODOMETER READING	TOTAL MILES
то	TAL MILES		_@ \$0.65 PER MILE	=	\$ -
Employee	Signature:		_ Date		
Approved by:					
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