

Romeo Community Schools Monthly Mileage and Expense Report

Name:

Work Location:

Month:

Year:

Date	Destination	Purpose	Miles	Notes / Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Total
Rate Effect. - 07.01.2026
Total Mileage

Total Amount Due

I do hereby certify that the above is true and correct, and that no part of the same has been paid.

To be signed by claimant

Date

To be signed by supervisor

Mileage - Account Number (ASN)

Revised Form 7.1.2026

Must include a MAP

This form is ONLY for Mileage Reimbursement

All other expenses (parking, valet, ect.) or reimbursement requests (food, hotel, ect.) are to be requested using the Check Request Form - Employee with supporting documents/receipts.