

Romeo Community Schools
Monthly Mileage and Expense Report

Name:

Work Location:

Month:

Year: 2026

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				
Minus Round Trip Mileage from Home to Romeo				

Total

Rate Effect - 01.01.2026

0.725

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

Mileage - Account Number (ASN)

To be signed by supervisor

Revised Form 1.1.2026

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.