Mileage Log

Name: _____ **Month:** _____

Dept/Campus: _____ **Travel PO #** _____

Date	Travel Location		Reason for use of personal vehicle [i.e. campus visit; pick up PO order]	Mileage calculated using:		Miles Traveled
	Start	End		Google Maps*	LWISD Mileage Chart	
					Total Miles	0.0

**** Attach Google Maps directions (text only) to document if used to calculate mileage.***

Current Mileage Reimbursement Rate (as of 01/01/2021): $ 0.560

Total Due to Employee $ 0.00

All employee reimbursements processed by Lake Worth ISD Accounts Payable will be paid via direct deposit to the bank account on file with the LWISD Payroll Department. By signing below, the employee is stating that the information provided is accurate and acknowledges that this POV mileage reimbursement request will be processed via direct deposit.

Employee Signature:_____ Date:_____

By signing below, the supervisor is stating that he/she agrees that the information provided is accurate and approves for the employee reimbursement to be processed.

Supervisor Signature:_____ Date:_____

Business Office Approval:_____ Date:_____

revised 1/15/2021