Port Townsend School District Local Travel Mileage Claim Form

Name [print]:School / Program:						
MILEAGE DE	TAILS					
Date	Starting Point	Destination	Miles Traveled	Round Trip?	Purpose of Trip	
Summary for	r Reimbursement Purpo	ses:				
	Trins to		@	milos –	miles	
Trips to					miles	
Trips to Trips to						
Trips to						
	111ps to			1111163 =		
Reimbursem	ent Requested: Total Mi	les above	@ \$0.655 / mil	e = \$		
reimbursed in such as music	n any form. To be subm c specialists and therapis		vel includes regula eference list is incl	or trips made uded on the l		
Claimant Signature:			Date:			
Budget Acco	unt Code to Charge:					

Date: _____

Administrator Approval:

Mileage Reference List* (One-way)

Administration / HS → Salish Coast Elementary School	1.4
Administration / HS → Mountain View Campus	0.4
Administration / HS → Blue Heron Middle School	1.2
Mountain View Campus → Blue Heron Middle School	1.3
Mountain View Campus → Salish Coast Elementary School	1.0
Salish Coast Elementary → Blue Heron Middle School	1.5
Administration / HS → Port Townsend Post Office	0.7
Administration → Brinnon	32.0
Administration → Quilcene	26.0
Administration → Chimacum	10.2

REMINDER: Trips to other areas outside of the above list (Sequim, PA, Bremerton, etc.) are to be claimed on a Travel Expense Report form.

^{*}These mileage figures have been determined through district experience over time. They are for your convenience. If you kept your own mileage, and it was slightly different, you are free to use your own mileage readings.