



MILEAGE REIMBURSEMENT FORM

Please Provide Your Employee Number

EMPLOYEE ID NUMBER

EMPLOYEE NAME:	DATE:
HOME ADDRESS:	CITY: ZIP:
SCHOOL /DEPARTMENT NAME:	
CLAIM START DATE:	END DATE:

Date	Description	Miles		Date	Description	Miles
				TOTAL	FORWARD ⇌	
TOTAL FORWARD			↗	TOTAL MILES BOTH COLUMNS		

Budget Code:	_____ x _____ TOTAL MILES cents per mile = ⇌ (Please check district website for current rate.)	\$ Grand Total
Employee Signature:		
Approval Signature:		
This is a true statement of mileage incurred by me on behalf of the School District.		

BLOOMINGTON PUBLIC SCHOOLS
Cross District Mileage Chart
One Way Travel

	VVMS	HC	IM	JEFF	KENN	NH	OLE & OLM	OGE	ESC & OGMS	POND	PB	RV	SW	VV	WB	WW	TRANS
CEC	2.6	1.0	3.6	3.0	2.8	2.7	3.2	3.3	3.7	2.9	2.1	3.1	4.8	2.6	0.7	3.6	1.6
VVMS		2.8	1.8	4.7	1.6	4.8	5.1	3.7	4.0	1.7	4.9	4.8	5.7	0.2	3.5	4.5	1.5
HC	2.8		3.6	2.7	2.8	4.6	3.2	3.0	3.3	3.3	3.2	3.5	4.1	2.9	1.9	3.1	2.1
IM	1.8	3.6		3.9	1.0	5.9	4.4	3.0	3.3	1.0	7.5	5.5	5.6	2.0	4.9	3.8	3.0
JEFF	4.7	2.7	3.9		2.9	2.0	0.5	2.8	3.1	3.4	3.7	2.5	2.0	4.4	2.9	1.0	4.2
KENN	1.6	2.8	1.0	2.9		4.8	3.2	2.0	2.3	0.5	5.1	5.2	4.0	1.6	3.8	2.8	2.0
NH	4.8	4.6	5.9	2.0	4.8		1.6	4.4	4.7	5.2	2.0	0.8	2.7	4.5	3.0	2.9	3.8
OLM/OLE	5.1	3.2	4.4	0.5	3.2	1.6		3.0	3.3	3.7	3.2	2.1	1.8	4.8	3.4	1.5	4.5
OGE	3.7	3.0	3.0	2.8	2.0	4.4	3.0		0.3	2.5	4.9	3.9	3.6	3.5	3.9	2.4	2.8
OGI	4.0	3.3	3.3	3.1	2.3	4.7	3.3	0.3		2.8	5.2	4.2	3.9	3.8	4.2	2.7	2.8
POND	1.7	3.3	1.0	3.4	0.5	5.2	3.7	2.5	2.8		5.8	5.7	4.6	1.5	3.8	3.4	2.0
PB	4.9	3.2	7.5	3.7	5.1	2.0	3.2	4.9	5.2	5.8		2.1	3.9	4.5	1.2	3.8	3.3
RV	4.8	3.5	5.5	2.5	5.2	0.8	2.1	3.9	4.2	5.7	2.1		4.8	4.8	3.3	3.8	4.2
SW	5.7	4.1	5.6	2.0	4.0	2.7	1.8	3.6	3.9	4.6	3.9	4.8		5.5	4.6	1.1	5.1
VV	0.2	2.9	2.0	4.4	1.6	4.5	4.8	3.5	3.8	1.5	4.5	4.8	5.5		3.4	4.3	1.4
WB	3.5	1.9	4.9	2.9	3.8	3.0	3.4	3.9	4.2	3.8	1.2	3.3	4.6	3.4		3.9	2.0
WW	4.5	3.1	3.8	1.0	2.8	2.9	1.5	2.4	2.7	3.4	3.8	3.8	1.1	4.3	3.9		4.1
TRANS	1.5	2.1	3.0	4.2	2.0	3.8	4.5	2.8	2.8	2.0	3.3	4.2	5.1	1.4	2.0	4.1	