# CENTER POINT INDEPENDENT SCHOOL DISTRICT
# Request for Mileage Reimbursement

**The undersigned requests reimbursement in the amount of $_____ for a total of _____miles at a rate of $.50 cents per mile. All travel listed was on official school business and fully authorized. All requests for reimbursements will be tallied monthly and submitted on a monthly basis.**

**Date:** _____

**Issue Reimbursement To:** _____ _____
**Printed Name & SS#** **Signature**

**Reimbursement Authorized By:**_____ _____
**Printed Name** **Signature**

**Account Number:** _____

| DATE | FROM | TO | MILES | PURPOSE |
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Approved for Payment by Business Services:_____