

**SCHOOL DISTRICT OF BLACK RIVER FALLS  
MONTHLY MILEAGE REPORT**

Month \_\_\_\_\_

Effective 01/01/18

Date	Starting Location	Ending Location	Reason	Mileage

Employee \_\_\_\_\_

**TOTAL MILES** \_\_\_\_\_

Account Number \_\_\_\_\_

**IRS Rate is \$ 0.545**

Budget Center Approval \_\_\_\_\_

**Reimbursement Amount** \_\_\_\_\_