

Printed Employee Name _____

**Cabot School District
Mileage Reimbursement**

School Year 24/25

Mileage will be paid at the end of each semester.

Second Semester

Please fill in the **total** miles driven each day base on District chart.
Route must be specified below

WEEK OF	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total	CAO USE
Jan 6 - Jan 10	no school						
Jan 13 - Jan 17							
Jan 20 - Jan 24	no school						
Jan 27 - Jan 31							
Feb 3 - Feb 7							
Feb 10 - Feb 14							
Feb 17 - Feb 21	no school						
Feb 24 - Feb 28							
Mar 3 - Mar 7							
Mar 10 - Mar 14	no school						
Mar 17 - Mar 21					no school		
Mar 31 - April 4							
April 7 - April 11							
April 14 - April 18					no school		
April 21 - April 25							
April 28 - May 2							
May 5 - May 9							
May 12 - May 16							
May 19 - May 23							
May 26 - May 30	no school				no school		
						Total Miles	

Do not include miles on days absent

X .52 per mile

Route Start/End	# miles between
example: JHS - CFA-CHS 2.9+0.7 Mon-Wed-Fri	3.6

Total Reim	\$ _____
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P/T Conferences Mar 18 & 20

Spring Break Mar 24-28

Last Day of School May 30

Summer _____
Address _____
Required _____

I certify that the miles recorded above are correct. _____

Employee Signature **Date** _____

Supervisor's Signature

