

# Basic Mileage Expense Report

## Mileage Expense Report

District 70

Date	Purpose of Travel	Starting Location	Ending Location	Miles Traveled

**Total Miles Traveled:** \_\_\_\_\_

**Reimbursement Rate:** \_\_\_\_\_ per mile

**Total Reimbursement Amount:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Date:** \_\_\_\_\_