



Bismarck Public Schools In-District Mileage Request

Applies only to
VARYING
Schedule

Employee Name: _____ Employee ID #: _____
(Please Print)

You will receive \$2.30 per commute. A commute is defined as going from one school to another, not from home to school or from school to home. Please indicate your total commutes below. For example, if you travel from your home school to another school and then go home, this is one commute. If you travel from your home school to another school and then back to your home school, this counts as two commutes. Do not include days you were absent for sick leave, professional leave, personal leave, or days when classes were not in session.

Total Commutes _____

x 2.30 = _____

Total Travel
Reimbursement Claimed: _____

Please provide below a concise synopsis of your commuting schedule. Include the schools visited and the number of days each was visited and which day of each week these commutes occurred.

Claimant's signature: _____

APPROVED by Principal or Director: _____

APPROVED by Business Manager: _____

Account # 01.281.00

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