



MILEAGE REIMBURSEMENT FORM

DATE	STARTING LOCATION	ENDING LOCATION	DISTANCE MILES

Mileage Total: _____ x _____ per mile = _____

APPLICANT Name: _____

Address (or general area of residence-homeless): _____

APPLICANT SIGNATURE: _____ DATE: _____

APPROVAL SIGNATURE: _____ DATE: _____
Administrator

The School District of Bloomer shall not discriminate against students on the basis of sex, race, religion, color, national origin, religion, ancestry, creed, pregnancy, marital status, sexual orientation or physical, mental, emotional or learning disability or handicap.