

COMPENSATION AND BENEFITS  
 EXPENSE REIMBURSEMENT



**CANUTILLO INDEPENDENT SCHOOL DISTRICT  
 MILEAGE REIMBURSEMENT FORM**

**NOTE: In order to be compensated, mileage forms must be submitted by the 15th of the following month.**

DATE	BEGINNING ADDRESS FROM*	ENDING ADDRESS TO*	NATURE OF BUSINESS	TOTAL MILES

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EXPENSE REIMBURSEMENT

DEE (REGULATION)  
(EXHIBIT N)

DATE	BEGINNING ADDRESS FROM*	ENDING ADDRESS TO*	NATURE OF BUSINESS	TOTAL MILES

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

**Employee ID#**  *Required*

Total miles traveled \_\_\_\_\_ x \_\_\_\_\_ (State Rate)=Total amount due \$ \_\_\_\_\_.

*Refer to the following website for the current State rate: <http://www.window.state.tx.us/comptrol/texastra.html>*

*I, hereby certify that the travel information reported was with authorized school business, and that said travel was in my personal vehicle for the miles indicated and that the above statement is true.*

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Print Name**

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

\_\_\_\_\_  
**Supervisor's signature**

\_\_\_\_\_  
**Print Name**

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