BISMARCK PARKS AND RECREATION DISTRICT
EMPLOYEE MILEAGE REIMBURSEMENT FORM

Month/Yr: _____ Vendor#: _____

Name: _____ Primary Job Location: _____

Date	From	To	Purpose	Beginning Odometer Reading	Ending Odometer Reading	Number of Miles Traveled

I hereby certify the above information is correct:

Total miles driven this month: 0
x rate/mile: _____
Amount Due: _____

_____
Employee Signature

Approved By: _____

Acct Number: _____

Finance Director: _____