



# Bismarck Public Schools In-District Mileage Request

*Applies only to*  
**CONSTANT/REPEATING**  
*Schedule*

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
(Please Print)

Mileage allowance is requested for the in-district travel I did during the \_\_\_\_ - \_\_\_\_ school year for the purpose of:

Scheduled teaching days for \_\_\_\_ - \_\_\_\_ school year (100% = 175) \_\_\_\_\_ 1.  
Days absence: \_\_\_\_\_ 2.  
Actual teaching days (line 1 minus line 2) \_\_\_\_\_ 3.  
Divide line 3 by 175 (round to 2 decimal places) \_\_\_\_\_ . \_\_\_\_ 4.

### Commutes:

List of schools visted daily (example: CHS to BHS to Simle = 3) (Pioneer to Savik = 2)

Schedule (Repeating Schedule - weekly)

(if monthly schedule calculate weekly average)

# of schools visited

Mon: \_\_\_\_\_ 5.  
Tues.: \_\_\_\_\_ 6.  
Wed.: \_\_\_\_\_ 7.  
Thurs.: \_\_\_\_\_ 8.  
Fri.: \_\_\_\_\_ 9.

Total number of schools per week (add lines 5 through 9) \_\_\_\_\_ 10.  
Days worked per week: \_\_\_\_\_ 11.  
Line 10 minus line 11 \_\_\_\_\_ 12.  
Total commutes (line 12 divided by line 11) \_\_\_\_\_ 13.  
Multiply line 13 by \$402.50 \_\_\_\_\_ 14.  
Total travel reimbursement claimed (multiply line 14 by line 4) \$ \_\_\_\_\_ 15.

Claimant's signature: \_\_\_\_\_

APPROVED by Principal or Director: \_\_\_\_\_

APPROVED by Business Manager: \_\_\_\_\_

Account # 01. ....281.00

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