HOPKINS PUBLIC SCHOOLS
MILEAGE REIMBURSEMENT REQUEST FORM 2025

Employee Name:_____

Employee Address:_____

This form must **be filled out completely, signed by your supervisor**, & sent to Shanda Kerber in the Business Office.
Incomplete mileage forms will be returned to employee.

The purpose of mileage reimbursement is to compensate employees for the use of their personal vehicles to conduct Hopkins Public Schools work which requires travel beyond the number of miles normally required to commute from home to an assigned workplace and back home.

Calculation of Reimbursable Mileage:
Reimbursable mileage is the difference between the total number of business miles traveled during the day **MINUS** the miles required for the normal commute.

Mileage Reimbursement requests for 2025 must be turned in by:
June 30, 2025 for all requests from January 1, 2025-June 30, 2025
January 9, 2026 for all requests from July 1, 2025-December 31, 2025

Date	Origin	Destination Address	Purpose	Did you report/return to work? (Y/N)	Miles
Ex. 1/1/2020	*Home*	*123 Main St, Lansing*	*MPAAA Conference*	*N*	*175*
				TOTAL MILES:	**0**

x $0.70 =

TOTAL REQUESTED FOR REIMBURSEMENT $ -

Employee Signature:_____

Approved by:_____ ASN:_____