INDIAN EDUCATORS FEDERATION
MILEAGE REIMBURSEMENT

MONTH _____ **YEAR** _____

DATE	TIME OF DEPARTURE	POINT OF DEPARTURE	ODOMETER READING	POINT OF DESTINATION	ODOMETER READNIG	REASON FOR CLAIM	RND TRIP	MILEAGE CLAIMED

I certify that the above information is correct
and I am entitled to reimbursement.

_____
APPROVED

TOTAL MILES _____
X .405 Per Mile _____

_____ _____
SIGNATURE   **DATE**

Total Amount Due $ _____