

Printed Employee Name _____

Cabot School District
Mileage Reimbursement
Mileage will be paid at the end of each semester.

School Year 25/26
Second Semester

WEEK OF	Monday	Tuesday	Wednesday	Thursday	Friday	Week Total	CAO USE
Jan 5	no school	PD Day	7	8	9		
Jan 12	12	13	14	15	16		
Jan 19	no school	20	21	22	23		
Jan 26	26	27	28	29	30		
Feb 2	2	3	4	5	6		
Feb 9	9	10	11	12	13		
Feb 16	no school	17	18	19	20		
Feb 23	23	24	25	26	27		
Mar 2	2	3	4	5	6		
Mar 9	PD Day	10	11	12	13		
Mar 16	16	17	18	no school	no school		
Mar 30	30	31	1	2	3		
Apr 6	6	7	8	9	10		
Apr 13	13	14	15	16	no school		
Apr 20	20	21	22	23	24		
Apr 27	27	28	29	30	1		
May 4	4	5	6	7	8		
May 11	11	12	13	14	15		
May 18	18	19	20	21	22		
May 25	25	26	27	28	29		
June 1	1	2	3	4			
<i>Do not include miles on days absent</i>						Total Miles	

X .52 per mile

Total
Reim \$

Period	1	2	3	4	5	6	7
Mon							
Tue							
Wed							
Thur							
Fri							

Route	Miles	Total

PD day Mar 9

P/T Conferences Mar 19

Spring Break Mar 20 - 27

Employee Signature _____

Date _____