

**Cincinnati Federation of Teachers/ACPSOP
Mileage Reimbursement Form**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Personal Email Address _____

Name of Event _____

Event Location _____

Date of Event _____ to _____

Mileage Driven _____ miles @ \$.57.5/mile (as of 1/1/2015) = _____
Total Mileage Reimbursement

Requested by Signature _____ Date _____

Approval Signature _____ Date _____

For Accounting Use Only

Check Number _____

Check Date _____

Check Amount _____

