

SUBSTITUTE MILEAGE FORM

Anoka -Hennepin Independent School District No.11

Substitute Mileage Report for the month of : _____

Submitted by: _____
First MI Last

Employee No. _____

CODE NO. _____
Completed by Principal(s) at site(s)

CODE NO. _____
Completed by Principal(s) at site(s)

CODE NO. _____
Completed by Principal(s) at site(s)

CODE NO. _____
Completed by Principal(s) at site(s)

****Note: In order to claim substitute mileage, you must meet the criteria in your substitute packet.**

****All required Principal's signatures must be obtained prior to submitting to:**
Debbie Richter, Substitute Help Desk
2727 N. Ferry St, Anoka, MN 55303

For Office use Only:
Substitute Help Desk: _____
Date: _____

Date	(School Name) From	(School Name) To	Purpose	Miles	Amt/Mile	Total Mileage Claim

EFFECTIVE JANUARY 2013
All employee reimbursements are paid
electronically. Please access Skyward for payment
confirmation.

Total Mileage _____ @ \$.70 _____
*Rate is subject to change based on the federal mileage reimbursement rate

I declare under the Penalties of the Law that this claim is Just and Correct and that No Part of it has been paid.

Date: _____ Signed: _____
Substitute Signature

INSTRUCTIONS FOR USE: Mileage More Than Three Months Old Will Not Be Reimbursed.
For each trip provide all information requested in each column. Submit your **completed** mileage report
to Debbie Richter at the address listed above.

Authorized for Payment by: _____
Principal / Supervisor Site

Principal / Supervisor Site

Principal / Supervisor Site