

**Mid-Prairie Community School District
Travel Between Facilities
Reimbursement Form**

Created by: JCS 8/9/22

Begin Using on 01/02/2024

Employee Name _____

Date Completed _____

Month of Travel _____

Day	Building From	Building To	Miles	Insert Bulding Codes into Blanks at Left
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1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29	_____	_____	_____
30	_____	_____	_____
31	_____	_____	_____

High School - HS
Middle School - MS
East Elementary - EE
West Elementary -- WE
Home School Education Center - HSEC

Distance from Wellman to Kalona = 7 Miles

Distance from Wellman to Home School Education Center = 9 Miles

Distance from Kalona to Home School Education Center = 9 Miles

Expenses for Approved Travel due to inter-building assignments to more than one education center shall be reimbursed using this form.

Reimbursement is expected to be turned in Monthly on the Calendar Month; but no less than Quarterly.

Travel TO the initial facility of employment will not be reimbursed by the District. Only required travel to another facility during the employee's work day will be paid. No round trips will be paid unless the employee is required to return to their initial education center.

This form may also be used for miles traveled from an education center to a location outside of the District for Public Purposes/Business.

HOWEVER, a school vehicle is required for these trips unless one is not available AND the Building Principal provides prior approval. (See Employee Handbook.)

Total Miles

Rate per Mile 0.670

Reimbursement Amount _____

Principal's Approval & Date _____