EDUCATION SERVICES
Mileage Log Reimbursement Form

Clinician Name: _____

School District Name: _____

Please note: Mileage reimbursement only applies to travel done during the work day that is done between school districts. Please submit this weekly along with your timesheet in WorkForce Portal.

Date	Starting School / Location	Ending School / Location	Starting Odometer	Ending Odometer	Total Miles
				Total Miles	

Clinician Signature _____

Supervisor Signature _____