

Fargo Park District
2020 Mileage Reimbursement Form

Name: _____ Department/Program: _____
 Address: _____

TRIP DATE	LOCATIONS		TRIP PURPOSE	ODOMETER		TRIP MILEAGE
	FROM	TO		START	STOP	
TOTAL REIMBURSABLE MILEAGE:						
MILEAGE RATE :						\$ 0.575
AMOUNT REIMBURSED :						\$

SIGNATURE: _____ **Date:** _____ **ACCOUNT:** _____