



**MILEAGE REIMBURSEMENT
MARLBOROUGH PUBLIC SCHOOLS**

25 Union Street
Marlborough, MA 01752

NAME: _____

DATE: _____

DEPARTMENT: _____

EXPENSE PERIOD: _____

Date	Time	Start Location	Stop Location	Begin Mileage	Stop Mileage	# of Miles	Whom Seen	Purpose

Account Number: _____

Vendor #: _____

Employee Signature: _____

Department Head Signature: _____

0.625

Total # of Miles
Mileage Reimbursement Rate
Amount of Mileage Reimbursement
Additional Travel Expenses(Tolls, Parking, Etc.
receipts required)

Total Reimbursement: _____

Below are the approved mileage distances between MPS school buildings. Please use these distances for employee mileage reimbursement purposes.

		TO						
Mileage Grid	MHS	Whitcomb	Goodnow	Richer	Kane	Jaworek	Hildreth	ECC
MHS		0.8	0.1	3.4	2.8	1.7	1.5	1.3
Whitcomb	0.8		0.6	2.9	2.4	1.8	1.1	0.8
Goodnow	0.1	0.6		3.2	2.9	1.9	1.7	1.2
Richer	3.3	2.9	3.2		4.4	4.2	2.9	2.8
Kane	3.1	2.6	2.9	4.9		2.3	1.6	2.0
Jaworek	2.5	1.8	2.3	4.2	2.3		1.7	1.9
Hildreth	1.8	1.1	1.7	3.0	1.6	1.7		0.7
ECC	1.4	0.9	1.2	2.5	1.9	2.0	0.7	

FROM