



New Bedford Public Schools Mileage Record Sheet

Employee Name: _____

Week Ending: _____

Date	Odometer Reading	Destination	Total Mileage
	<i>Start:</i>	<i>From:</i>	
	<i>End:</i>	<i>To:</i>	
Date	Odometer Reading	Destination	Total Mileage
	<i>Start:</i>	<i>From:</i>	
	<i>End:</i>	<i>To:</i>	
Date	Odometer Reading	Destination	Total Mileage
	<i>Start:</i>	<i>From:</i>	
	<i>End:</i>	<i>To:</i>	
Date	Odometer Reading	Destination	Total Mileage
	<i>Start:</i>	<i>From:</i>	
	<i>End:</i>	<i>To:</i>	
Date	Odometer Reading	Destination	Total Mileage
	<i>Start:</i>	<i>From:</i>	
	<i>End:</i>	<i>To:</i>	

Please include with this form the trip backup displaying starting location, ending destination, and total mileage from [Google Maps](#), [MapQuest](#), etc. Use links to open preferred site in new tab.

Total Mileage for Week:	
Standard Mileage Rate: <i>Effective 1/1/2024</i>	

Signed By: _____

Total Reimbursement:	
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