Minford Local School District

Home Instruction Mileage Reimbursement Sheet

Home Instruction Teacher: _____

Student's Name: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Mileage Reimbursement Requested:

Week of _____

*Mileage shall be reimbursed at the IRS mileage rate at the time service is provided.

Day of Week	Date	Mileage
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Weekly Total:	**Mileage Total: _____**	**Amount Owed: $_____**

**I do hereby certify that the above are actual dates and mileage traveled for home instruction of the named student:*

Home Instructor: _____ Date: _____

Parent/Guardian: _____Date: _____

Principal/Supervisor: _____Date: _____

Superintendent Approval: _____Date: _____

***A copy of your Approved Home Instruction Timesheet/Service Log must be submitted with this form for reimbursement.**