STUDENT TEACHING MILEAGE REPORT

Student Teacher _____ ID #: _____

Mailing Address _____

School _____

Date	# of Miles	$0.15/mile	Amount Per Trip
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		x 0.15	$
		Total	**$**

The maximum reimbursable amount for the semester is $200.

Complete and submit to the Education & Psychology office for reimbursement.