**Submit completed forms via:**

*Mail:* John Adams Academies, Inc.
Attn: Finance Office
1 Sierra Gate Plaza, Roseville CA 95678

*Email:* finance@johnadamsacademy.org

# 2026 MILEAGE REIMBURSEMENT FORM

Month: _____

***Submit Mileage Reimbursement Form monthly. Please have all reimbursements submitted prior to fiscal year end, June 30th.***

***Location (please select):***

☐ Roseville Campus ☐ EDH Campus ☐ Lincoln Campus ☐ Non-Profit Service Division

☐ Academy Nutrition Services

**Make Check Payable To:** _____

**Mailing Address:** _____

_____

| Date of Travel | Reason for travel | Starting Odometer | Ending Odometer | Total Miles | IRS Rate | Amount ($) |
|---|---|---|---|---|---|---|
| | | | | | $ 0.725 | |
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| | | | | | $ 0.725 | |
| | | | | | $ 0.725 | |

**Total Mileage Reimbursement $** _____

I hereby certify that the above is an accurate accounting of my expenses incurred on behalf of John Adams Academies, Inc..

**Requested By:** _____ **Date:** _____

***(For Accounting use only)***

| *Location* | *Account* | *Department* | *Class* | *Resource* | *Project* | *Amount* |
|---|---|---|---|---|---|---|
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